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AUTHOR	Foerst, Helen V.; Gareau, Florence E.
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ABSTRACT

To aid state and local manpower planning for nursing needs and resources, this guide presents basic principles and procedures essential to identifying needs and examining resources effectively. A wide range of resource and annotated reference lists present survey and study reports, background material, tools for planning, and a guide to statistical data. The general nature of the planning process, initiation of planning, building and strengthening the organizational structure, and assessing needs are discussed. Developing a plan of action, data collection, and assessing requirements for nursing manpower are covered. Diagrams present five organizational structures for planning. This guide was written by two nursing consultants and their director in manpower evaluation and planning. (AG)

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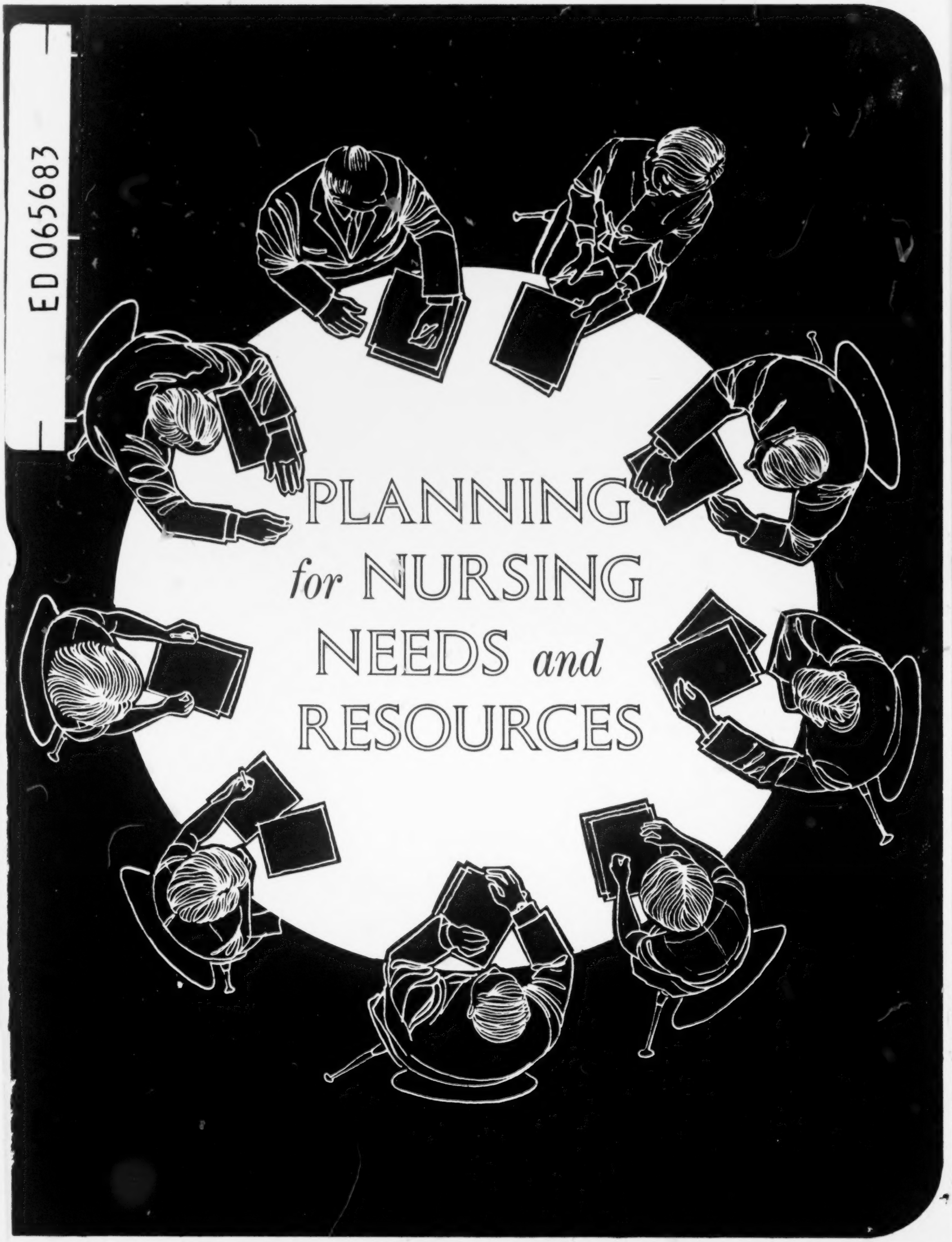

PLANNING *for* NURSING NEEDS *and* RESOURCES

Planning for Nursing Needs and Resources

Division of Nursing

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Bureau of Health Manpower Education

Bethesda, Maryland 20014

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This guide to planning for nursing needs and resources has been prepared in the Manpower Evaluation and Planning Branch of the Division of Nursing by HELEN V. FOERST and FLORENCE E. GAREAU, *Nursing Consultants*, principal authors, and Dr. EUGENE LEVINE, *Branch Chief*, contributing author.

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Foreword

This publication is intended to serve as a framework for developing and carrying out planning for nursing in a variety of situations amid changing times.

Planning for nursing needs and resources is not new. Since 1945, most States have conducted one or more statewide surveys and numerous studies, in an effort to help provide adequate nursing services and to increase the supply of nurse manpower. As a result, both the quality and quantity of the nurse supply and the educational resources of those States have indeed improved.

The nature of surveys and studies of nursing needs and resources has changed significantly from the stereotyped statistical approach of the 1940's and 1950's. Since 1960, the objectives, depth, and scope of the studies have become more diversified. The patterns of initiation, the organizational structure, and the methodology have varied according to locale. These changes reflect growth and development in planning techniques. They also demonstrate response to the constantly changing nature of society and its profound, yet diverse, effects on the Nation's health care system and the nature of nursing.

Today, studies of nursing needs and resources are more concerned with the development of programs of action for meeting needs. Much more information on the characteristics of the nurse supply and nursing practice has become available through routine inventories, periodic studies, and research findings. Growth in health facilities and health manpower as well as changes in patterns of patient care have raised concern for the utilization of personnel, staffing, quality of nursing service, and the social and economic needs of nurses. Educational opportunities, career choices for youth, and changing concepts in education have called attention to the evaluation of nursing education resources. Thus, emphasis in planning has shifted from simple factfinding and analysis to compiling and interpreting available data, developing methods for determining nursing needs through special surveys and studies, and—most important—finding ways of meeting nursing needs through program innovation. experimentation, and research.

For the past 20 years or more, one of the major activities of the Division of Nursing and its predecessor, Division of Nursing Resources, has been that of aiding States and local communities in studying nurse manpower needs and resources. The Division has assisted not only in conducting initial studies but also in reappraising nursing needs and resources in a number of States.

In 1949, the U.S. Public Health Service issued a manual entitled *Measuring Nursing Resources,* to guide State groups in conducting nursing surveys. In 1956, the Public Health Service, through the Division of Nursing Resources, issued *Design for Statewide Nursing Surveys,* a guide for States conducting initial surveys or reappraisals of nursing needs and resources. Today, another guide is called for because of the urgency for continuous and coordinated planning suited to the vast differences in nurse manpower needs among the various regions, States, and local areas, according to their populations and resources.

This new book, *Planning for Nursing Needs and Resources,* prepared in the Division of Nursing, presents basic guidelines and the elements essential to effective planning for nursing. It is not a blueprint. It does not offer a detailed description of a model for planning; no single pattern will answer the needs of all areas. It does,

however, present principles and methods of procedure to meet a variety of changing conditions. Although addressed primarily to the conduct of broad, in-depth planning for all fields of nursing service, nursing education, and all types of nursing personnel within designated geographic areas, the basic guidelines can be applied also to planning for more limited phases of nursing.

This guide was prepared in response to numerous requests for assistance in planning for nursing needs and resources, and to an increasing awareness of the need for such information. State planning groups and those of other jurisdictions with whom Division personnel have been associated have contributed significantly. Their experiences in planning efforts have provided the background for the formulation and development of these guidelines.

Jessie M. Scott

JESSIE M. SCOTT
Assistant Surgeon General
Director
Division of Nursing

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DISCRIMINATION PROHIBITED—Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, planning for nursing needs and resources, like every program or activity receiving Federal assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

Introduction

One of the basic assumptions underlying concepts in health planning in the 1970's is that change is evolutionary rather than revolutionary, and as such should be continually anticipated and managed. Thus, health planning seeks to tackle the urgent problems of the day and keep pace with changing health care requirements. It attempts to provide and sustain coordinated health services within the planning area. This approach requires the rational deployment of resources to meet changing conditions. In fact, all health services and educational programs require continuing adaptation, modification, and innovation.

The health and nursing requirements of the Nation are determined, for the most part, outside of nursing. But it is within nursing that the means for meeting these requirements must be devised.

It is nursing's responsibility to keep its programs abreast of the expanding fields of knowledge. Nursing must provide diversified services and educational programs that reflect the changing needs of patients for care as well as the educational needs of practitioners for rendering patient care. That is why there is a continuous urgency for studying nursing needs and finding practical ways to meet those needs. Constant, searching assessment is required in many areas—including supply and distribution of nurse manpower, educational resources, services, organization, administration, financing, and special problems, as well as the potential of nursing. Equally urgent is the need, after assessment, to carry out the recommendations—to apply the measures and develop the programs and resources recommended.

The cooperation of lay, community, and professional organizations is needed in planning for nursing. The wisdom and knowledge they contribute help greatly in developing adequate nursing services, nursing education programs, and personal resources.

Planning for nursing also benefits those who participate in the planning. It provides them an opportunity to share in shaping the course of nursing. Their interests and resources are brought to bear to develop goals and strategies for nursing service and nursing education, to set priorities, to allocate and marshal resources toward objectives, and to evaluate accomplishments. Their involvement in the planning process also motivates the participants to influence change and to take action regarding the questions under study and the planning decisions they helped to make.

In nursing, change comes slowly. The nursing profession needs to develop a fuller appreciation of the benefits of planning. In many cases, hesitancy to plan stems from the fact that planning involves change and change disturbs the status quo. Other obstacles to planning are varying concepts of the planning process and the lack of a specific pattern that can be applied to all situations and guarantee desired results.

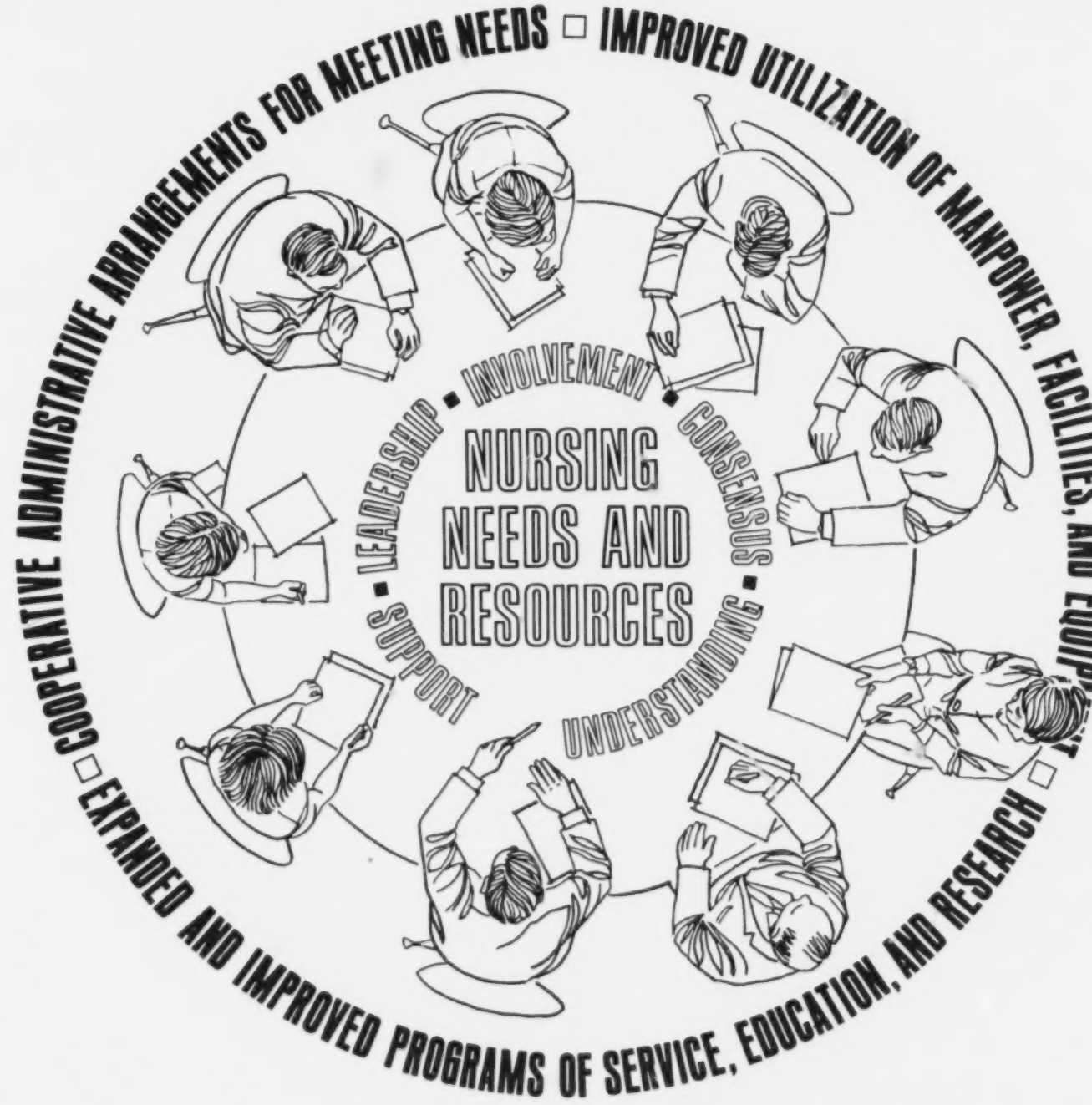
The planning task is large and complex. It requires strong leadership and the united efforts of nursing. The essentials of successful planning are:

- Attention to the basic principles of and requirements for planning.
- Understanding of the interrelatedness of planning components, participants, and processes.
- Establishment of a strong organizational structure.

With the cooperation of all those involved in health care, nursing can rise to the challenge of developing and implementing new designs for improved nursing care, services, and education.

Chapter 1

The Nature of Planning


NURSING NEEDS AND RESOURCES
LEADERSHIP • INVOLVEMENT • CONSENSUS • SUPPORT • UNDERSTANDING •
IMPROVED UTILIZATION OF MANPOWER, FACILITIES, AND EQUIPMENT
COOPERATIVE ADMINISTRATIVE ARRANGEMENTS FOR MEETING NEEDS
EXPANDED AND IMPROVED PROGRAMS OF SERVICE, EDUCATION, AND RESEARCH

Chapter 1

The Nature of Planning

Planning is essentially a deliberate and calculated process aimed at achieving goals. Health manpower planning has as its purpose the achievement of potentials in manpower and the maintenance of a balance in recruiting, developing, and utilizing manpower resources to meet health care requirements. It is aimed also at uniting health workers with other professional, lay, and political leadership in developing and promoting measures to meet health care requirements in particular situations and areas.

Planning for nursing, as described in this guide, is specifically related to broad social and health goals, and considers all nursing in prescribed geographic areas as opposed to operational or institutional planning. Implicit in this planning is the need for effective patterns of nursing education and nursing service that will ensure the progressive expansion and strengthening of health services. Planning for nursing also seeks to develop continuing communication and cooperation between the various agencies involved in health and nursing service and educational resources.

For the purpose of this publication, it is advisable to distinguish between the terms "surveys," "studies," and "planning." The meaning and character of planning may thus be made more definite. *Surveys* provide only for factfinding or a description of the problem. *Studies* describe and investigate problems and find and recommend solutions. *Planning* embraces all of the characteristics of surveys and studies and, in addition, provides for the application of solutions and the actual resolution of problems.

Planning for nursing is a process in which overall or particular nursing needs are identified and resources are examined. First, the nature and scope of needs and resources are defined, related to their influencing factors, and considered as a whole. Then the means available for meeting needs and augmenting resources are interposed, and courses of action are developed to achieve the goals.

When based on experience, knowledge, study, and research findings, planning for nursing and other health manpower can reshape health and educational systems to meet present and future manpower challenges. Planning's greatest value for nursing, as for all other fields, lies in the opportunity it provides for continuing change, experimentation, and innovation in meeting needs.

Concepts in Planning

Significant concepts to be considered in planning for nursing service, nursing education, and nurse manpower include the following.

- The responsibility for taking the initiative in planning for nursing needs and resources rests with nursing leaders. This includes spearheading and coordinating planning at the institutional, local, State, and regional levels.
- Planning for nursing needs and resources is a joint responsibility of nursing service and nursing education. Both have a common goal—to determine how the highest quality of patient care and nursing practice can be achieved. Each must focus on its own responsibility and role.
- The foundation of planning for nursing education and nursing service is a clear definition of the roles and functions of nursing personnel.
- Planning should be oriented to meet or exceed the generally accepted minimal requirements that may already exist for program accreditation, eligibility for licensure, or staffing of health facilities. Standards for nursing practice and nursing education should be supported or, if lacking or inadequate, should be developed.
- Planning for nursing recognizes the interdependence of all types of nursing personnel and nursing's relationships to other health professions and health manpower.

General Purpose of Planning

The general purpose of planning for nursing is to effect areawide, coordinated improvement, expansion, and development in health programs, services, and resources. In addition, planning—which is future-oriented—should attempt to ensure adaptation to social change as requirements dictate.

Planning groups may be established for purposes such as these:

- To develop and implement a long-range plan for meeting the nursing needs of a metropolitan area.
- To develop a program of action to improve the utilization of nursing personnel for meeting qualitative and quantitative needs for health care.
- To plan and initiate a State, regional, or area-wide recruitment program in nursing education, to meet requirements for nursing service.
- To develop a State plan for nursing education that will identify courses of action and schedules of activities for expanding and developing programs to meet nursing needs.

Objectives of Planning

Objectives are the subsidiary aims of planning or the intermediate steps, all directed toward achieving the general purpose or ultimate goal. They are consistent and closely interrelated with the particular circumstances and prevailing conditions in the planning situation. There are *initial* and *refined* objectives. *Initial* objectives help the planning group to understand the needs and the factors contributing to those needs. They are described in terms of the questions that planning can be expected to answer and the type of actions it can hope to accomplish. As planning proceeds, the objectives are *refined*. They propose in detail how needs can be met and what measures can be put into effect to accomplish the purpose of planning. In other words, refined objectives are translated into recommendations and become the goals of action.

For example, the purpose of one planning group was to ensure adequate numbers of nursing personnel to meet health care requirements. The starting point was to identify how many nursing personnel were available, how many more were needed, and how they could be obtained. These were clearly and briefly stated as the initial objectives of the planning group. As study progressed, it was found that poor employment conditions, mobility of nurses, and lack of student resources in the area were deterrents to acquiring and maintaining an adequate nurse supply. Thus, to effectively realize the purpose of planning in this instance, the finding of feasible answers and the developing of workable programs to overcome these deterrents became the refined objectives of planning.

Another example, a planning activity whose purpose was to develop a State plan for nursing education had these initial objectives:

- To determine the number, kinds, and qualifications of nursing personnel needed for expanding population and changing health services in the decade ahead.
- To identify and assess the problems of nursing education as they relate to nursing service and the continuing education of nurse practitioners.
- To devise means to educate the number and quality of personnel required, whether by establishing new programs or expanding existing ones, public or private.
- To formulate a timetable and designate specific institutions for expansion and appropriate sites for the development of new programs.
- To improve methods of recruiting and educating the most desirable students for nursing in requisite numbers.

Still other examples of objectives of planning for nursing are contained in the reports referenced in appendix 1.

Scope and Patterns of Planning

As a continuous process and a many-sided procedure, planning will vary in purpose, subject matter, depth, time, geographic area, and size and characteristics of organizational structure. The scope of planning depends upon whether the planning is to be on a local, State, or regional basis, and whether it is directed to

special concerns of nursing or to the entire field of nursing. This determination is usually made in relation to the following:

- The dimensions of identified nursing concerns and problems.
- The extent and recency of previous planning.
- The availability of information and data identifying all aspects of nursing concerns and problems.
- The need for special surveys and studies.
- The amount of participation and involvement of interrelated groups required to develop and carry out projects and programs for meeting needs.

Planning may be primarily concerned with certain aspects of nursing, such as the utilization of nursing personnel, nursing education resources, or quantitative needs. Specific problems, however, need to be viewed in relation to the total situation. For example, a complete appraisal or reappraisal of the nurse supply, nursing services, and educational resources of a local area, State, or region may be necessary for the wise allocation of resources or the develoment of a State plan for nursing education. Or special studies in conjunction with a complete reappraisal of nursing needs and resources might best be carried out to determine the most efficient utilization of nursing personnel.

No single or common pattern is applicable for all planning. Regional, State, and local areas differ in their needs, resources, leadership, traditions, social values, and readiness for planning. The strategy of planning varies also with the socioeconomic environment in which planning takes place. The best approach and formalized organizational structure for planning are developed in relation to the objectives of the planning activity and are tailored to the resources of the planning area. Various organizational structures are suggested in chapter 3.

Principles and Requirements of the Planning Process

The planning process is based on certain fundamental principles and specific requirements that are known to be effective. They hold to these general criteria: Planning cannot be done in isolation; participation in planning and involvement in decisions are basic to obtaining action; and planning builds implementation into the process. Planning for nursing incorporates into the process the following basic principles and requirements.

The planning group includes representatives of the entire spectrum of health interests. Maximum use is made of talents from all units of government, education, business, voluntary groups, organized professions, and lay leadership. Participation of agencies or groups that relate to nursing and have a potential for contributing to the planning process are necessary for:

- Objectively identifying and assessing needs.
- Setting common goals and objectives.
- Coordinating efforts for developing recommendations and adequate programs for meeting needs.
- Influencing action.

The planning group establishes liaison with other organizations to obtain endorsement, solicit support, and seek cooperation for the project. A broad spectrum of relationships and liaison needs to be initiated, developed, and maintained with professional societies, health associations, health care facilities and services, health and welfare organizations, and agencies or institutions concerned with nursing education. These relationships lead to a mutual awareness and understanding of current nursing issues and concomitant implications. They pave the way for direct activities with appropriate agencies in required program development.

Planning must be coordinated with other planning programs and groups. Planning for the development and improvement of nursing service and nursing education will affect and be affected by the activities of other planning bodies in the fields of health, education, and welfare. To avoid contradictory planning, effective liaison and working relationships must be established with State-designated planning agencies and other official, non-official, or ad hoc planning groups—including areawide, regional, State, or local groups. Coordination of planning with these groups is essential, particularly in respect to the availability and use of manpower for staffing planned programs and services and for developing coordinated programs for the education of nurse manpower. Unless goals for nursing are interrelated in the network of other planning for health manpower, health facilities, services, and education, the recommendations may be meaningless and plans of action unattainable. Such groups include:

Hospital and health facility planning.
Regional Medical Programs.
Mental health.
Mental retardation.
Health manpower planning in fields other than nursing.
Comprehensive health planning.
Vocational and higher education facilities and resources planning.
Urban planning.
Other health-related programs in social planning as they emerge and are developed.

Planning has both short-term and long-range objectives and develops recommendations and courses of action directed toward steady progress in meeting needs. Short-term objectives involve urgent needs and those for which immediate action is necessary and feasible. Long-range objectives are related to overall needs toward which action is directed; they encompass the entire field of nursing and its resources. Long-range goals reflect persistent activity toward finding new and more effective means for meeting needs, adapting to changing requirements, and applying new knowledge.

Planning relates needs and resources to social and economic trends. Practical and realistic planning requires an understanding of all the factors influencing nursing. The demands for and the availability, utilization, and development of nursing service, nursing education facilities, and nurse manpower resources will be affected by the following:

- Trends in population growth, age composition, and mobility patterns.
- Patterns of commercial and industrial growth.
- Employment opportunities.
- Family and personal income and financial resources.
- Educational systems, opportunities, and attainment.
- Morbidity trends and needs for health care.
- Health care systems and availability of facilities and services.
- Resources for financing health care and health and educational services.
- Shift in content or emphasis of health, education, and welfare programs.

Planning requires the collection of adequate data and the development of data-collection systems. To provide a base for analyzing and assessing the characteristics of nursing and the extent of its needs and resources, data are required. The development of data-collection systems is essential for continuous evaluation, measurement of change, and projection of future needs and resources.

Planning balances conflicting objectives and secures reasonable consensus among service and educational agencies as to means for meeting manpower requirements. Planning requires, stimulates, and develops mutual understanding among various agencies regarding their respective roles, responsibilities, and relationships to nursing. It fosters readiness to adapt goals and interests and adjust program operations to attain objectives in conformity with needs for nurse manpower and an adequate level of health and nursing care. This requires negotiation, compromise, and accommodation among the participants in planning.

Planning is organized to facilitate the implementing of recommendations in active programs and projects for meeting objectives. Planning methodologies should strengthen communications and relationships between the broadly representative nursing interests. Involvement stimulates cooperative arrangements for developing programs to meet needs. It commits responsible leadership to find mechanisms for initiating action, and to support and encourage such action.

Planning stresses, stimulates, and endorses experimentation, special studies, and research. Research is needed to test and re-test conceptual models for nursing service and nursing education and for new understanding in the production and use of health manpower. Also, research methodology is required for assembling and analyzing data, for designing and developing studies, and for translating research findings into applicable skills.

Planning is organized to provide for continuity of planning functions. Mechanisms for a continuing evaluation of progress in implementing recommendations and plans of action should be provided for in planning. In addition, plans require periodic revision in response to changes in health and educational services or to changes in the characteristics and needs of the population for health and nursing services.

Planning continually disseminates information through mass media to a variety of targets. This provides maximum understanding, participation, and sup-

port for nursing among cooperating organizations and individuals as well as among the lay public, for whom nursing is established. Planning purposes and activities should be interpreted through personal contacts, presentations before association or group meetings, newspaper articles, and other mass media.

Various Phases of the Planning Process

The different phases of the planning process are interdependent and continuous; they frequently overlap in time and are often not discrete. But for the purposes of this guide these phases have been separated and are discussed as though a plan is totally developed and then implemented. This is not meant to convey the idea that planning always takes place in rigid and sequential steps. Viewed in phases, the planning process constitutes the following:

Initiating.

Organizing: building and strengthening the organizational structure.

Collecting and analyzing data.

Assessing needs and resources.

Developing recommendations.

Developing the plan of action.

Implementing the plan of action.

Evaluating and reviewing progress in implementing and in continuous planning.

No one phase of planning is more important than another. Each has significance for bringing about the actions needed to solve nursing problems.

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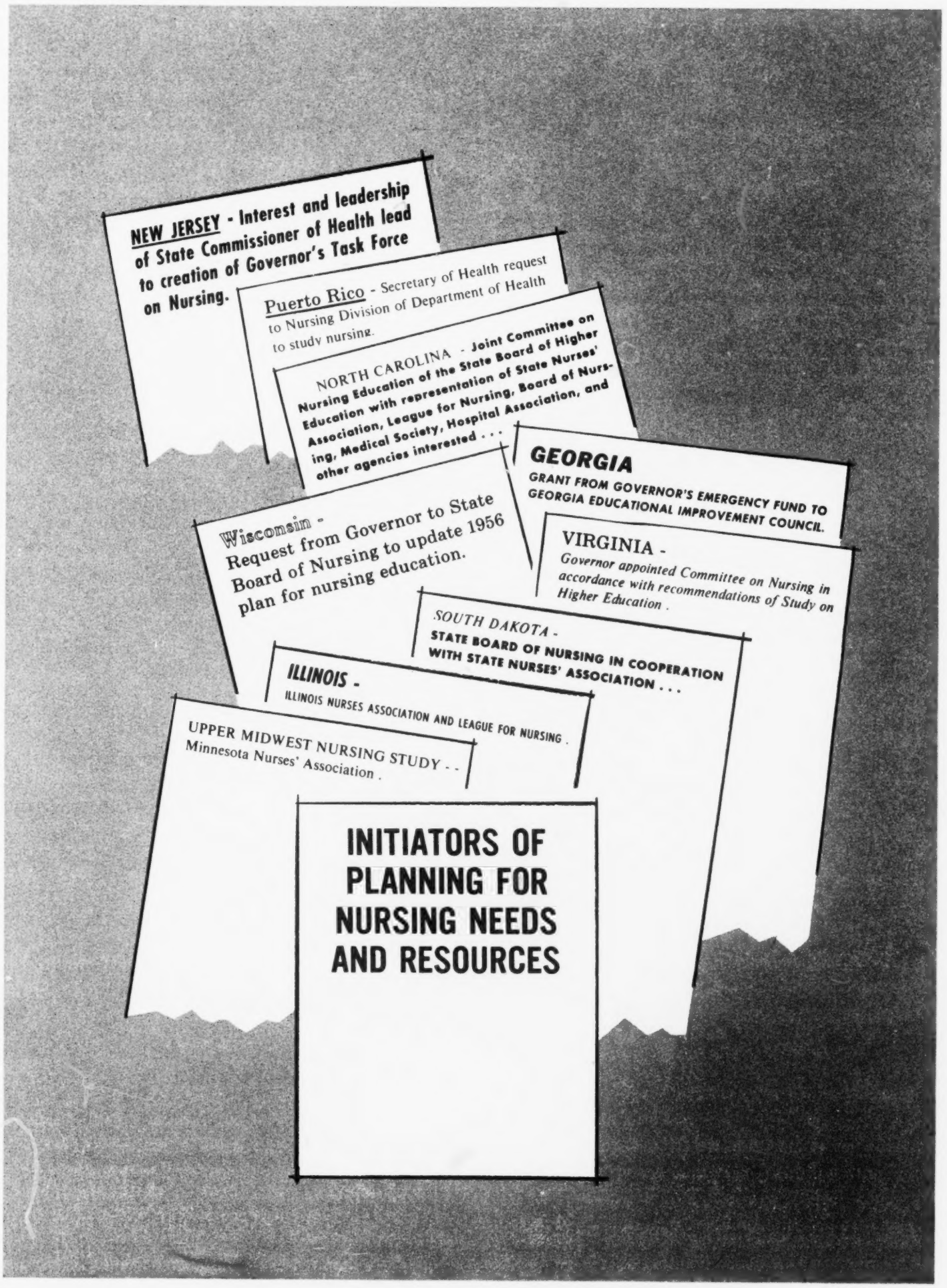
Chapter 2

Initiating Planning


NEW JERSEY - Interest and leadership of State Commissioner of Health lead to creation of Governor's Task Force on Nursing.
Puerto Rico - Secretary of Health request to Nursing Division of Department of Health to study nursing.
NORTH CAROLINA - Joint Committee on Nursing Education of the State Board of Higher Education with representation of State Nurses' Association, League for Nursing, Board of Nursing, Medical Society, Hospital Association, and other agencies interested . . .
GEORGIA
GRANT FROM GOVERNOR'S EMERGENCY FUND TO GEORGIA EDUCATIONAL IMPROVEMENT COUNCIL.
Wisconsin -
Request from Governor to State Board of Nursing to update 1956 plan for nursing education.
VIRGINIA -
Governor appointed Committee on Nursing in accordance with recommendations of Study on Higher Education .
SOUTH DAKOTA -
STATE BOARD OF NURSING IN COOPERATION WITH STATE NURSES' ASSOCIATION . . .
ILLINOIS -
ILLINOIS NURSES ASSOCIATION AND LEAGUE FOR NURSING .
UPPER MIDWEST NURSING STUDY - -
Minnesota Nurses' Association .
INITIATORS OF PLANNING FOR NURSING NEEDS AND RESOURCES

Chapter 2

Initiating Planning

Initiation of planning for nursing is not an automatic response to a recognized need. Concerns for the supply of nurses, needs and demands for nurses, their educational preparation, and the quality of services they deliver—all lead to planning. But various individual and group contacts and interactions are required to cement shared concerns and to bring about a commitment to initiate planning.

Recognizing Need for Planning

The need for planning may first be recognized when concerns for nursing are highlighted by individuals, agencies, and organizations that contribute to and are affected by the nurse supply. For example, planning may be initiated in response to a hospital association's concern about an increasing number of vacancies on hospital nursing staffs, or a health department's recognition of the unavailability of nursing services in specific areas, or the need for various health agencies to provide and ensure nursing services for emerging programs. Another example, numerous requests to a department of higher education to establish additional nursing education programs may provide the stimulus for planning for nursing. Or it can be associated with or be an integral part of the development of a master plan for higher education. Frequently, the need for planning for nursing is recognized and recommended by all these groups, and planning is initiated because of a series of associated events.

Getting Sanctions and Sponsors

Sanction, sponsors, participants, and means for conducting planning must be actively sought. This responsibility is often referred to, accepted by, or assumed by a committee of a State nurses' association, a State league for nursing, or both. Or the State board of nursing or other nursing agencies may be initially involved. Sometimes an ad hoc committee of varied nursing interest groups is established to solicit support for planning.

The primary promoters of planning—whoever they are—may call a meeting with representatives from community, health, education, and social welfare agencies, to stimulate interest in planning, interpret the need for planning, and explore possible ways to initiate planning. These meetings often result in committed sponsors and the establishment of a core committee to initiate planning.

Or a single organization or agency may spearhead or sponsor planning and actively seek co-sponsors. When concerns related to official government and its departments or agencies are highlighted, the backing and support of official groups are sought. Promotional activities often result in the appointment of a planning body or commission by an official agency or branch of government.

Sponsors and co-sponsors work together to organize for planning, to get it financed, and to see it through. They may work as a core committee or a steering committee. This group is often designated later as the executive committee of the fully organized planning activity.

Assuring Readiness for Planning

Readiness to plan is a primary factor in the success or failure of planning. It is difficult to describe and evaluate. But it is usually that point in time when the varied interest groups that need to be brought together

for planning can be joined into a cohesive organization to work for a common purpose. Sponsors can build up a readiness for planning by interpreting the need widely and persuading leaders in political, health, educational, and other professional fields to become involved. They begin to formally organize when the need for planning is recognized—gauged by having commanded the attention of such a wide base of interest groups to the point that they want to participate. Readiness coincides with the development of support and cooperation in various forms.

In other words, planning is ready to begin when:

- Major health agencies and professional groups approve the planning by action of their governing boards.
- Relationships between interest groups and influential leaders are such that they are willing to communicate and cooperate with one another to find and apply solutions for meeting nursing needs and improving health services.
- Groups and individuals are interested and committed to the task.
- Responsibility is accepted for securing financial and other types of support and that support is forthcoming.

Alternatives to Planning

When readiness for planning is not evident, surveys or studies of nursing needs and resources should be considered as alternatives to planning. Although surveys and studies are limited activities in terms of their potential for attaining areawide nursing goals, they can develop awareness of the needs of nursing and also help develop readiness for planning.

A data survey and analysis can identify nursing needs. Survey findings and their implications can be presented to other community groups and organizations as a means of achieving a better understanding of needs.

A study may be conducted to thoroughly investigate a problem area and discover the particular means for meeting a need. Interpretation of study findings and recommendations can help win support, and can influence action toward meeting specified nursing needs.

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Chapter 3

Organizing for Planning: Building the Organizational Structure

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PLANNING ACTIVITY CHECKLIST

- ☐ Seek common purposes and objectives.
- ☐ Identify issues and concerns.
- ☐ Identify data and information needs and sources.
- ☐ Determine organizational structure.
- ☐ Select participants.
- ☐ Hire or obtain staff.
- ☐ Assemble and analyze data.
- ☐ Assess needs and resources.
- ☐ Develop recommendations.
- ☐ Outline programs and courses of action.
- ☐ Coordinate efforts.
- ☐ Take action
- ☐ Review and evaluate progress in meeting needs.

Chapter 3

Organizing for Planning: Building the Organizational Structure

Because of the many facets to organizing and the importance of describing them in detail, the discussion of this phase of planning has been divided into two chapters. The present chapter—on *building* the organizational structure—deals with the first steps in formally organizing for planning. It explains how to determine planning objectives and the scope of planning, and describes planning methodology including study outlines, and various organizational structures of committees and councils. It also mentions other techniques, such as panels, workshops, and hearings. Chapter 4—on *strengthening* the organizational structure—deals with staff, other participants to be involved, funding, public relations, and other means for ensuring a sound organization.

The methodology and structural organization to be used in each case are determined largely in relation to the objectives of planning. They must be tailored to the unique economic, social, and political realities of the area.

Developing Planning Methodology Including Study Outlines

First, a stage of reflective and collective thinking by the group organizing the planning is essential. During the "thinking phase" the group crystallizes the purpose and objectives of planning and decides who is to be involved. They also determine what procedures to use for studying, analyzing, and acting on findings. As this work proceeds, it is best to write out in a detailed work plan the methodology that has been developed.

Work Plan

The work plan gives direction in structuring of planning and later guides its operation. It provides for a step-by-step determination of: (1) the best approach to planning; (2) the scope of the activity; and (3) the relative emphasis to be placed on the separate phases of factfinding, study, and program development. Suitable committee structure and membership, staff requirements, and budgetary needs are detailed.

Framework for Organizing

The development of planning methodology can be fit into a broad framework from which precise methods and procedures to be used for a particular planning activity can be determined. To design and create a planning mechanism adapted to area conditions and needs, one must:

- Assess planning experience and readiness for planning.
- Outline the perimeters of nursing concerns and required actions and set the objectives of planning.
- Pinpoint the data and information needs and availability.
- Determine what special studies or surveys may be required.
- Consider and understand the so-called power structure in the planning area.
- Decide what tasks must be undertaken to assess needs and resources and to reach planning objectives; decide what procedures are feasible and possible for the assessment phase, such as committee structure.
- Identify leaders and select participants for functional tasks.
- Determine staff requirements.
- Determine the geographic planning area.
- Set a tentative timetable.
- Estimate budgetary requirements.

This point must be stressed: The organizational structure and operation as developed should serve as (1) a channel of communication, (2) a negotiation

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forum, (3) a means of setting common goals to meet needs, and (4) a springboard for leadership in influencing and stimulating action and developing appropriate programs to meet needs.

Approach

Early in the organization process, it is necessary to review and explore current and past surveys, studies, and planning activities for the particular area, thus helping to develop an appropriate approach to planning. Such a review can give initial clues to the area's status, experience, and readiness for planning. It can also help identify groups and individuals who recognize responsibility and assume leadership in planning. And it can reveal strengths and weaknesses in planning methodologies as well as initial indications of the scope of required planning activities. This review should assess:

- The general appreciation and acceptance of planning.
- The organizational forms used for previous planing and the effects on attaining objectives.
- The development and aggregate experience of individuals and agencies in planning for health services, facilities, manpower, and educational resources.
- The accomplishments in implementing the recommendations of previous surveys and appraisals of nursing needs and resources and special studies.
- The recency and relevancy of such surveys and studies.
- The recommendations of surveys or studies still relevant but not yet attained.
- The scope and sponsorship of current activities in ad hoc or continuous planning for nursing.
- The trend data, special study data, and background information available through completed and ongoing surveys and studies.

Determining Scope and Objectives Through Use of Study Outlines

To determine the scope and content of planning, a study outline should be set up, including headings to detail: (1) nursing concerns and problems to be studied; (2) influencing factors that warrant study; (3) data and information needed; (4) existing and possible sources of data; and (5) special surveys or studies required. Work sheets with headings arranged horizontally, as shown on the following page, can be helpful.

It is helpful to identify and list, in the form of questions or simple, clear statements, areas that need study. The focus should be on major problems related to the purpose of planning. Related information and data needs should be pinpointed. The aggregate knowledge of the group should be drawn upon to identify data sources and indicate where special studies or surveys may well be required.

The completed outline should be thoroughly screened to determine those areas that merit study and to exclude those that are not essential. Some items, although interesting, may not be strictly relevant to the purpose and objectives of planning. They should be deleted because every additional item not actually required adds to planning tasks, makes planning more cumbersome and time-consuming, and increases the work of data and information collection, analysis, and reporting. Also, irrelevant items obstruct primary concerns.

When the pressing problems, factors, and situations requiring examination have been isolated, they should be grouped into subject categories. Each category is a major area for study. At this time, study areas should also be scaled and given priorities as to their significance as short-term or long-range goals. A pattern should develop that will indicate major and minor objectives.

The completed study outline provides a basis for determining planning procedures and the course to be followed. The number and kinds of study areas identified influence the techniques to be used, such as public hearings and panels; the number and kinds of committees to be established; and the selection of participants and committee members. Normally, public hearings, panels, or technical committees are developed around each of the principal subject areas identified. The planning techniques, data requirements, and needs for special surveys and studies will, in turn, influence staff and budgetary requirements.

Three examples of study outlines follow. These examples are not complete outlines; each example details only one item that could be a nursing concern of a planning group. In a complete study outline, however, all items of nursing concern should be presented. As items are added, there will necessarily be some duplication in data requirements, influencing factors, and areas to be assessed.

EXAMPLE OF A WORK SHEET

Nursing concern or study area: *Quantity and Quality of Educational Resources for Nursing*

Influencing factors	Information needs and areas to be assessed	Sources of data	Special surveys or studies required
Changing patterns of education of youth. *Changing patterns of nursing education.* *ANA's position on nursing education.* *Current supply and availability of qualified teachers.* *Suitable clinical facilities for student experiences.* *Costs to students of entering and completing programs.*	*Number of schools of nursing, by:* *(a) type of program* *(b) location* *(c) control.* *Number of admissions, enrollments, and graduations, by:* *(a) type of program* *(b) location* *(c) control.* *Withdrawal rates from schools, by:* *(a) type of program*	*For data on schools, programs, admissions, enrollments, graduations, tuition, fees, admission requirements:* *ANA's Facts About Nursing.* *NLN's State-Approved Schools of Nursing—RN.* *NLN's State-Approved Schools of Nursing—LPN/LVN.* *State Board of Nursing.* *For data on faculty, clinical experience facilities, withdrawals:*	*Survey questionnaire for:* *applicant experience;* *capacity of schools;* *cost data from institutions and students.*

STUDY OUTLINE 1

Nursing concern or study area:

Quantity and Quality of Educational Resources for Nursing

Influencing factors:

Changing patterns of education of youth.
Changing patterns of nursing education.
American Nurses' Association position on nursing education.
Current supply and availability of qualified teachers.
Suitable clinical facilities for student experiences.
Costs to students of entering and completing programs.

Information needs and areas to be assessed:

Number of schools of nursing, by:
(a) type of program
(b) location
(c) control.

Number of admissions, enrollments, and graduations, by:
(a) type of program
(b) location
(c) control.

Withdrawal rates from schools, by:
(a) type of program
(b) reasons for withdrawal.

Capacity of schools of nursing; plans for or obstacles to expansion; plans for transition.

Performance on State Board examinations of graduates from schools.

Size of recruitment pool; recruitment programs; and abilities of potential recruits.

Cost of programs to educational institutions.

Cost of programs to students.

Amount and types of financial aid available for students, and amount used.

Clinical practice facilities for student experience; by number, kind, type and location, availability and use.

Characteristics, educational attainment, and experience of faculty in schools of nursing.

Higher educational system, existing institutions, by type, location, and planned expansion and development.

Sources of data:

For data on schools, programs, admissions, enrollments, graduations, tuition, fees, admission requirements: American Nurses' Association's *Facts About Nursing.* National League for Nursing's *State-Approved Schools of Nursing—RN.* Also *State-Approved Schools of Nursing—LPN/LVN.*
State Board of Nursing.

For data on faculty, clinical experience facilities, withdrawals:
State Board of Nursing.

For data on higher education system:
State Department of Education directory, reports, and master plan.

Special surveys or studies required:

Survey questionnaire for: applicant experience; capacity of schools; cost data from institutions and students.

STUDY OUTLINE 2

Nursing concern or study area:

Improved Utilization of Nursing Personnel in Hospitals

Influencing factors:

Shortages of health personnel.
New roles or new workers; e.g., nurse clinician, physician's assistant.
Changing patterns of health care and increased specialization.
Assumption by registered nurses of functions formerly performed by doctors.
Delegation of registered nurse functions laterally to licensed practical nurses and aides.
Substitution for nurses by auxiliary and allied health personnel, as: operating room technicians; inhalation therapists; intravenous technicians; dietary aides; pharmacy aides.
Organization and administration of nursing service units and other services.
Organization and administration of hospitals and health services affecting utilization.
Patient welfare.
Hospital costs.
Litigation.

Information needs and areas to be assessed:

Review of existing patterns of utilization, and determination by committees of appropriate roles and functions of each level of nursing personnel in the hospital.
Appropriate roles of allied health personnel and relationship to nursing.
Effectiveness of patient care and nursing services.
Job descriptions, standards, and staffing patterns.
Assigned roles and functions of nursing personnel, by type of personnel and level of position.
Number and use of auxiliary and allied health personnel and the effect on utilization of nurses.
Extent of use of ward clerks, ward secretaries, unit managers, messengers, et cetera.
Number and types of specialized units:
(1) intensive care units;
(2) recovery rooms;
(3) coronary care units;
(4) extended care units;
(5) minimal care units;
(6) other units.
Extent of use of team nursing.
Impact of automation and other technological developments.
Use of unit drugs.
Central service units for supplies, maintenance, diets.
Use of disposable items.

Sources of data:

Ongoing and previous study data on sources of nursing care per patient per day, utilization, patient classification.
Established ratios for staffing.
Nurse Practice Act.
Characteristics of nursing service personnel from personnel folders and hospital records or hospital association data and studies: education, training, age, sex, turnover, tenure, full-time, part-time, salaries, fringe benefits, et cetera.
Hospital committee reports and other reports: tissue committee, infections committee, incident and accident reports, reports by patients.
Functions, Standards and Qualifications, published by American Nurses' Association for various positions and fields. Use these to compare with the existing situation.

Special surveys or studies required:

Utilization studies of nursing personnel and staffing patterns in a sample of hospitals.
Pilot study or special research project.

STUDY OUTLINE 3

Nursing concern or study area:

Need for Qualified Nursing Personnel for Extended Care Facilities

Influencing factors:

Growth in extended care facilities.
Increased population in older age groups.
Influence of Medicare and Medicaid.

Information needs and areas to be assessed:

Nurse supply data for professional and technical nursing personnel and assistants to nurses in all fields, to include extended care facilities; by type of employing agency and geographic distribution.
Staffing patterns and coverage in extended care facilities:
  Characteristics of current supply of nursing personnel.
  Budgeted vacancies.
  Projected needs for additional personnel.
Number of facilities and beds and State certification and classification of extended care facilities.
Employment incentives:
  Salaries and fringe benefits; training and educational needs.

Sources of data:

For data on nurse manpower supply: State Board of Nursing; State Health Department; American Nurses' Association's *Facts About Nursing*; Division of Nursing's *Health Manpower Source Book: Section 2, Nursing Personnel*, Public Health Service Publication No. 263; Division of Nursing's *Nurses in Public Health*, Public Health Service Publication No. 785.
For data on facilities: State Health Department.
For data on planned facility expansion: State Health Department.

Special surveys or studies required:

Structured interview or questionnaire to obtain data or gaps in information concerning:
(1) budgeted vacancies;
(2) projected needs for additional personnel;
(3) educational preparation and background of aides;
(4) needs for additional training;
(5) other employment and career incentives.

Structure of Committees

Committees provide the medium for effective planning. They are created for specific purposes and are given definite assignments relative to the objectives of the planning activity. Whatever the objectives, committees are basically organized for advisory, policy-making, executive, and technical functions. Various combinations of these functions are often assigned to a single committee. Committees may be established on an ad hoc or a permanent basis. Fundamentally, their composition and responsibilities are as described below.

The Advisory Committee

The advisory committee ensures that planning is developed and carried out to accomplish its basic objectives. Members are chosen to provide a broad background of knowledge, attitudes, and experience. They usually represent health, education, nursing, labor, industry, and other vital community interests. They also represent geographic areas and social groups. The advisory committee usually exists only to advise and does not make policy. Its functions are to:

- Provide overall advice and guidance in the planning activity and its development.
- Review and evaluate ongoing planning and operating functions in relation to the objectives of planning.
- Assist in setting the purposes of planning and in pinpointing the objectives.
- Promote public relations and liaison for carrying out planning and later implementing recommendations into action programs.
- Promote communication, collaboration, cooperation, and coordination among representative groups related to and involved in meeting nursing needs and resources.
- Contribute to the understanding and interpretation of findings and the assessment of needs and resources, to reflect the total spectrum of health and nursing interests and resources.
- Advise on the objectivity, soundness, and feasibility of proposed recommendations and programs of action.
- Advise on setting priorities for action programs and their relative importance in meeting immediate and long-range goals.

The Policy-Making Committee

The policy-making committee is responsible for the total planning activity and makes the ultimate decisions. The membership of this group is chosen to include: (1) representatives of the sponsors of planning; (2) individuals responsible for establishing broad health policy; and (3) administrators of total programs in health, education, or related fields. The members of this committee, by virtue of their positions, can later implement and coordinate those plans that are developed. The policy-making committee has the following functions:

- Set the purposes of the study and planning activity.
- Approve policies and organizational structure.
- Delegate authority for carrying out planning tasks.
- Exercise general supervision over planning tasks and advise on crucial questions inherent in planning.
- Promote public relations and liaison as required throughout the study and later in implementing recommendations.
- Seek means for funding and supporting planning activities.
- Approve all findings, recommendations, and proposals for operational activities or action program for meeting needs and resources.
- Urge, stimulate, support, and facilitate the implementing of recommendations in action programs.
- Periodically evaluate the effectiveness of action and operational programs.

The Executive Committee

The executive committee is responsible for the general operation and coordination of the planning activity. It may be the original core committee designated to initiate and organize planning, or it may be appointed when the core committee goes out of existence. Members include persons drawn from the sponsoring and cooperating agencies and leaders in nursing, medicine, health, education, and civic fields. The chairman of each technical committee is usually included. Executive committee members often serve on all upper echelon committees. The executive committee has these functions:

- Pinpoint and detail the objectives of the study and planning activity.
- Develop the structure, methodology, and work plan for carrying out the planning activity.
- Develop the functions of all committees and subcommittees.
- Appoint or recommend for appointment members and chairmen of advisory, policy-making, and technical committees.
- Provide general operational direction and supervision over planning tasks, as follows:
  - (1) Facilitate the work of committees by:
    - (a) Receiving regular reports from committees.
    - (b) Considering and advising upon problems encountered by committees.
    - (c) Coordinating and reconciling intercommittee problems and activities.
  - (2) Receive, correlate, and reconcile data, projections, and recommendations from technical or ad hoc committees.
  - (3) Recognize gaps in study and planning activities and make provision for filling the gaps.
  - (4) Formulate for consideration of the advisory and/or policy-making committees:
    - (a) Issues requiring general policy consideration and advisement.
    - (b) Drafts of recommendations.
    - (c) Proposed plans of action.
  - (5) Oversee the preparation and distribution of reports of the study findings, recommendations, and plans for action.
- Stimulate and support the implementation of action programs for meeting needs and resources.

Technical Committees

The major or central task in planning is usually delegated to technical committees. These committees—one or several—examine and analyze specific segments of the critical questions under study to which they are assigned, develop recommendations, and propose plans of action. The focus of such committee appointments and assignments may be by employment fields, by areas of demonstrated need, by resources, or by other designated areas that support the attainment of overall study objectives. The membership of technical committees is chosen to reflect the expertise required for the particular area of assessment and to effect involvement later in terms of implementation. Activated at the same time or at different times, technical committees are either ad hoc or standing. Subcommittees are often utilized for particular tasks that contribute to overall analysis and review. Specifically, technical committees have these functions:

- Examine and review trends, the present situation, and conditions in their specific area of study.
- Assess all resources in their area of study and the adequacy of resources; also identify gaps and needs.
- Determine the criteria and standards in use and required for meeting needs in their area of study.
- Assess and project current and future quantitative and qualitative requirements.
- Identify obstacles to be overcome in meeting needs, and suggest ways and means to overcome them.
- Formulate initial recommendations for meeting quantitative and qualitative needs for review and approval by upper echelon committees, as directed.
- Specify courses of action to be taken to implement the recommendations.
- Make concrete proposals for initiating action programs.
- Outline relevant information not available for which investigation may be necessary.
- Identify areas needing research for long-range planning.
- Prepare an analytic report on their special area of study, including findings, supporting data and information, recommendations, and courses of action proposed.

Special Committees

Special committees or subcommittees appointed for administrative tasks and executive functions are worthy of mention. Their vital assignments are concerned with finance, publicity, publications and editing, the recruiting of staff, and the seeking out and nominating of participants in planning. Such arrangements ensure essential administrative support, and provide for more adequate efforts in these spheres of endeavor.

Committee Designations

Committees' names may not literally designate their functions or echelon of organization. The term "task

force" may be used for the policy-making body for one planning group; for another such group "task forces" may be the technical committees. (See figures 1 and 2.) A "steering committee" may be established as an ad hoc body to initiate planning and organize the activity. Other "steering committees" may have executive functions or policy-making functions or be established for coordinating the work of several technical committees.

Variations in Committee Structure

As mentioned, committees may be organized in various patterns and with various combinations of functions to facilitate planning. For example, the committee structure of one planning group may provide for: a single top-level committee having combined advisory and policy-making functions; an executive committee; and three technical committees. (See figure 3.) In this instance, the top-level committee advises and also has the right of ultimate decision. The final approval of all recommendations would rest with this body. Another example, the committee structure of a planning group may provide for: an advisory committee; a top-level committee having both policy-making and executive functions; and two technical committees with subcommittees or ad hoc committees in special areas of interest. (See figure 2.) In that instance, the advisory committee counsels on what recommendations are feasible but does not have authority to approve them. Recommendations are finally approved by the top-level committee having policy-making and executive functions. Such arrangements establish the planning mechanism that best fits a planning area's leadership resources and yet considers incumbent positions for influencing action.

In planning for small geographic or sparsely populated areas, the combining of advisory, policy-making, and executive functions into one top-level committee (often called a *council*) provides effective administration, cooperation, and participation for planning. (See figure 4.) When it is possible to hire a large technical or professional staff, skilled and experienced in specific areas under study, technical committees may not be necessary. Their functions are then vested in technical staff and the advisory committee. Since involvement is more limited, this organizational form tends to be more suitable for conducting surveys and studies than for overall planning. (A comparison of surveys, studies, and planning is found on page 3.)

An example of an organizational structure for area-wide planning and planning for sub-areas or regions simultaneously is shown in figure 5.

Various patterns in which committees may be structured have been shown in figures 1 to 5. Other equally effective patterns are possible.

Other Planning Techniques

Various other techniques are used to complement committee activities and to examine and appraise significant areas that need study.

Panels

Panels are usually designed to stimulate as much open discussion as possible. Experts on selected panel subjects are asked to present their varying points of view on basic issues. In addition, technical staff may prepare statistical data and a bibliography pertaining to the subject. Panel discussions may extend over a 1- or 2-day period. The information presented is often summarized and circulated to panel participants for further comment and criticism, and then to members of the planning group for further study and comment. From consideration of panel work, data collected and analyzed, and deliberations in committee sessions, the findings and recommendations on critical issues emerge.

Hearings

Some planning groups conduct hearings to solicit wide participation and broad support in analyzing questions under study, determining needs, and developing recommendations. Public hearings are usually scheduled in different locations in the geographic planning area. Attendance may be open or restricted by invitation; the agenda may be prescribed or essentially unstructured except for the introduction of broad topics. From the comments, advice, and criticism of citizens, of the business community, and of public agencies, valuable insights and direction are obtained. Public reaction thus guides decision-making and the development of realistic plans of action.

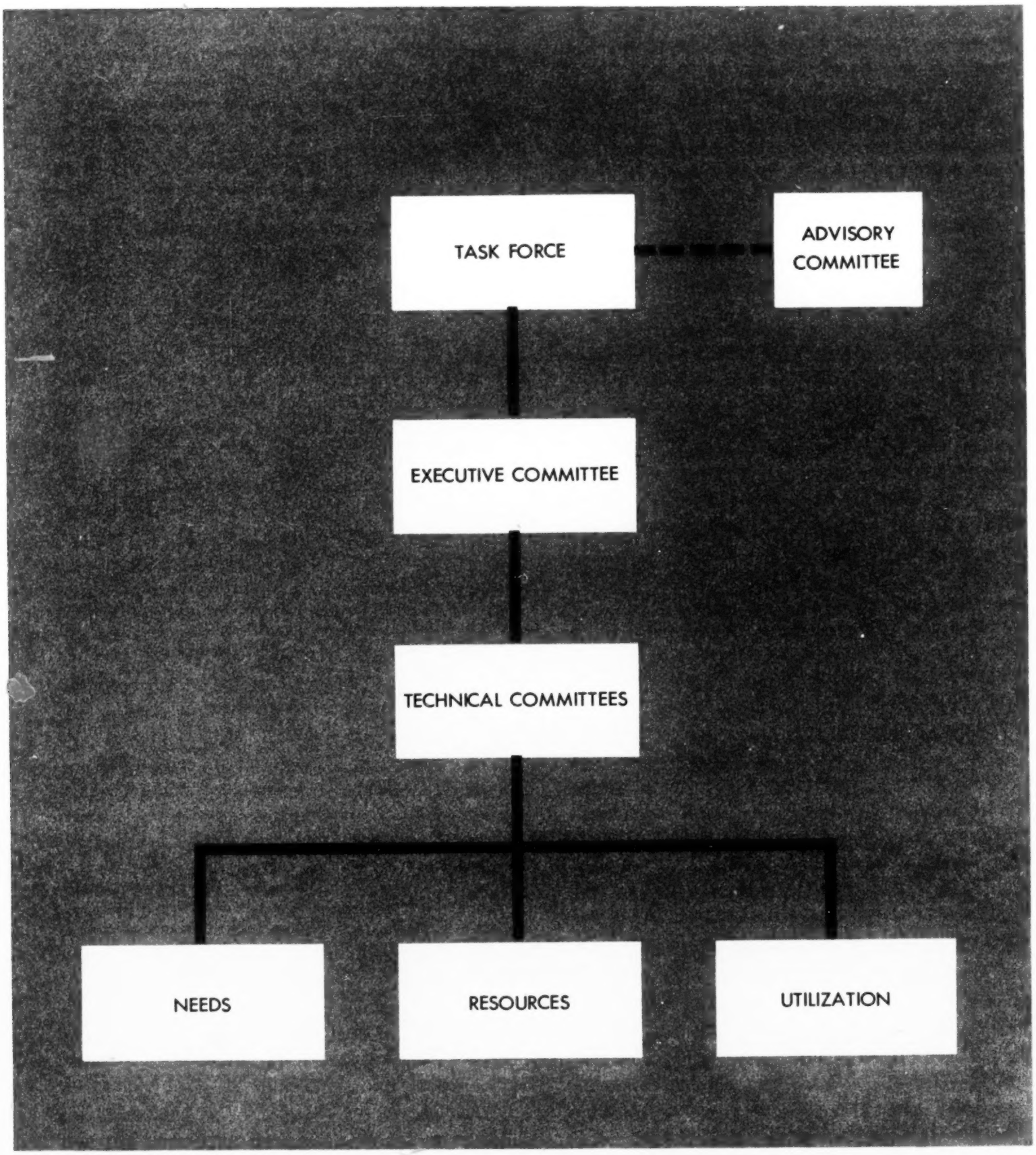

Figure 1.—Organizational structure in which a task force has policy-making responsibility.

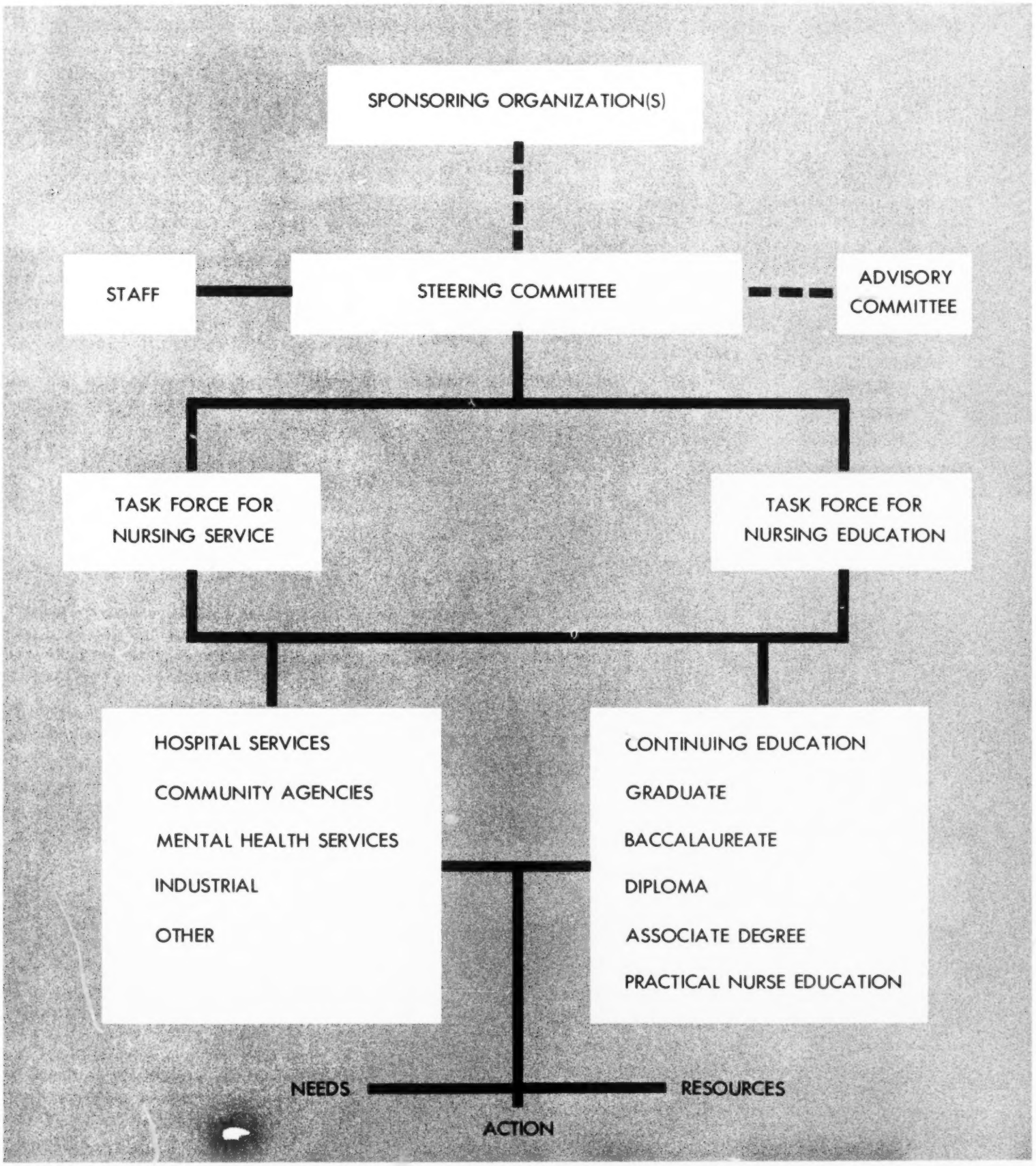

Figure 2.—Organizational structure in which a steering committee has policy-making and executive responsibilities.

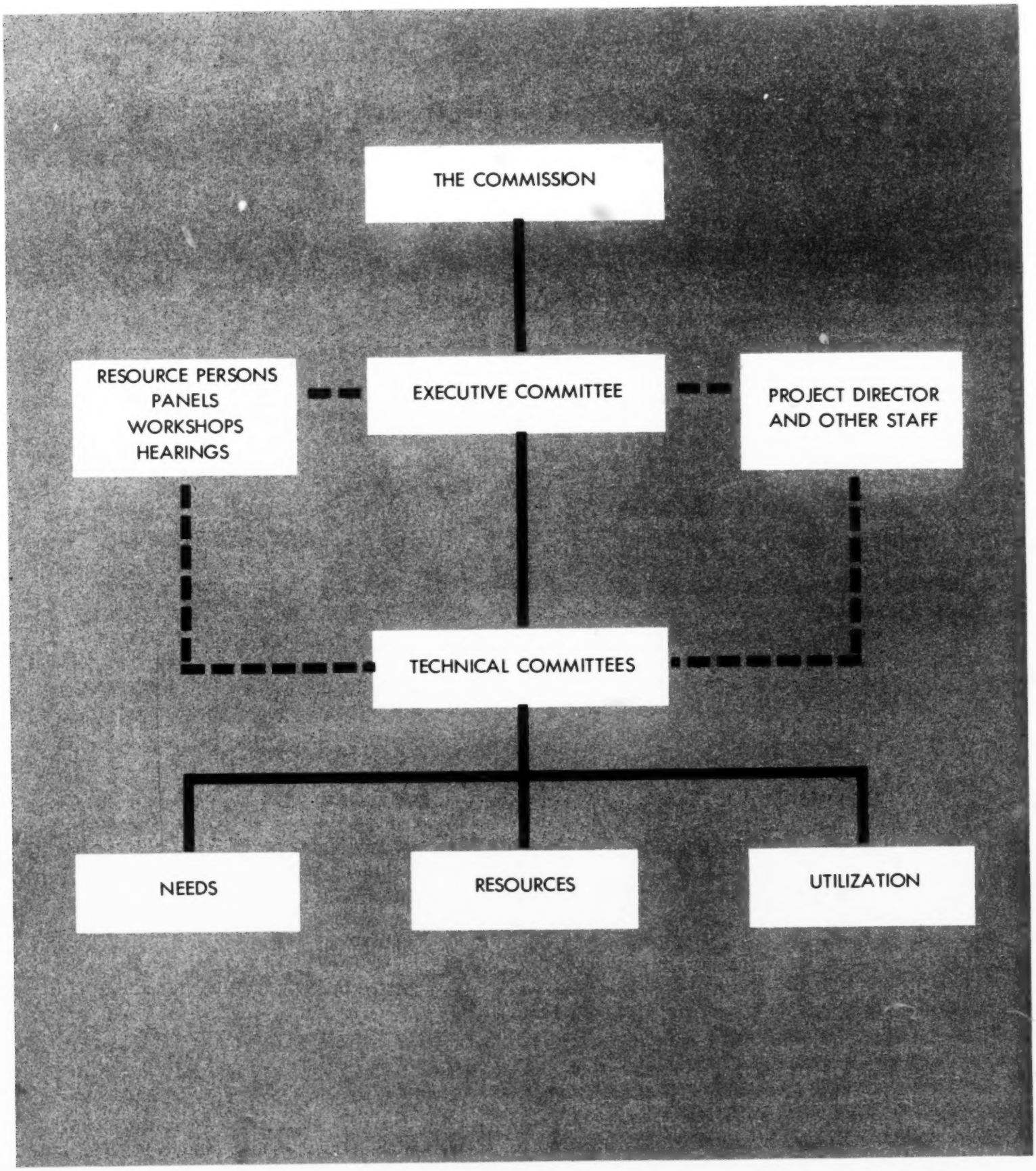

Figure 3.—Organizational structure in which a single top-level committee or commission has combined advisory and policy-making responsibilities.

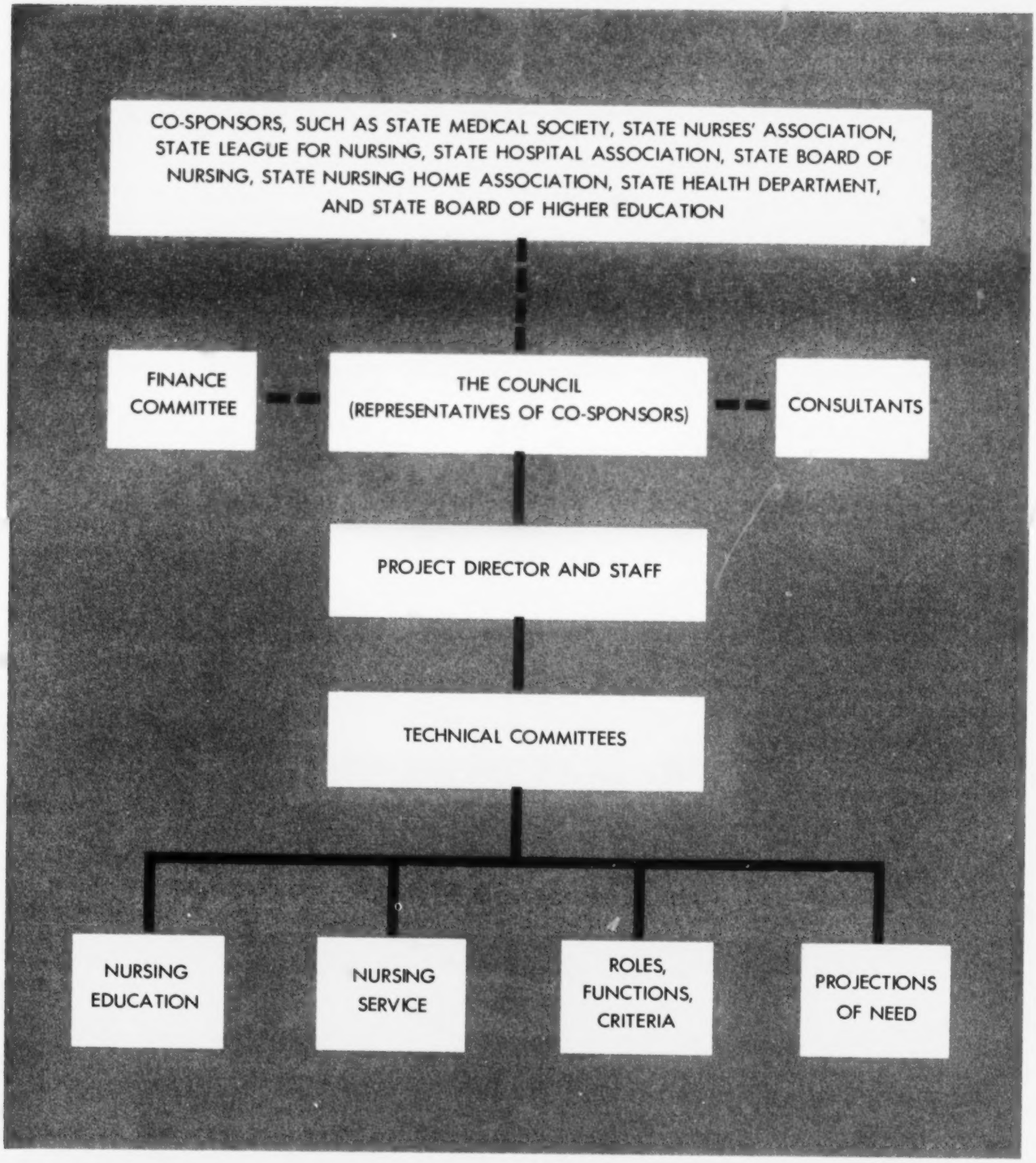
CO-SPONSORS, SUCH AS STATE MEDICAL SOCIETY, STATE NURSES' ASSOCIATION, STATE LEAGUE FOR NURSING, STATE HOSPITAL ASSOCIATION, STATE BOARD OF NURSING, STATE NURSING HOME ASSOCIATION, STATE HEALTH DEPARTMENT, AND STATE BOARD OF HIGHER EDUCATION
FINANCE COMMITTEE
THE COUNCIL (REPRESENTATIVES OF CO-SPONSORS)
CONSULTANTS
PROJECT DIRECTOR AND STAFF
TECHNICAL COMMITTEES
NURSING EDUCATION
NURSING SERVICE
ROLES, FUNCTIONS, CRITERIA
PROJECTIONS OF NEED

Figure 4.—Organizational structure in which a council has executive, policy-making, and advisory responsibilities.

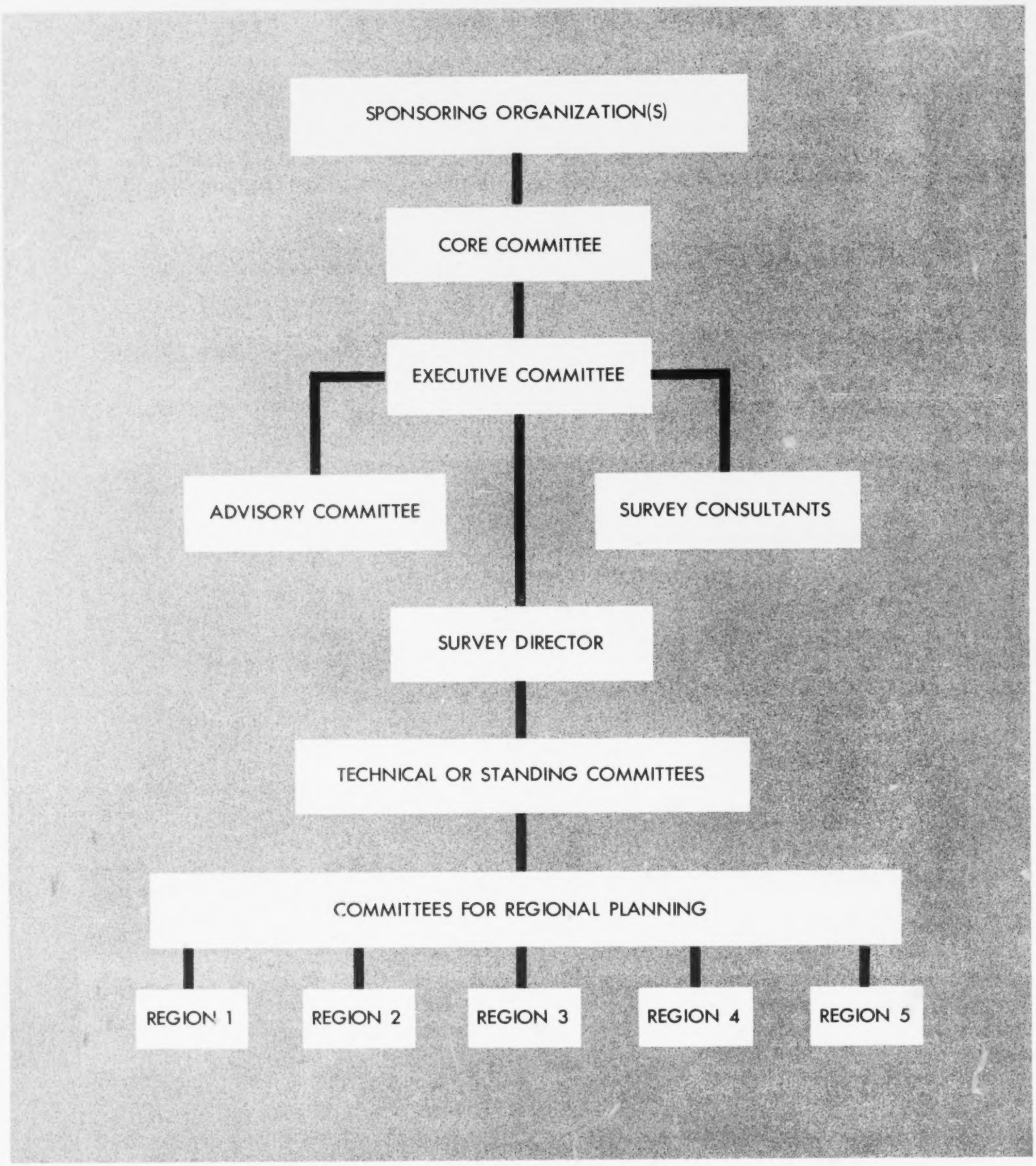

Figure 5.—Organizational structure for areawide planning and simultaneous planning for sub-areas or regions.

Workshops

The workshop is another effective procedure for planning. This method can be used during different phases of planning to bring together interested parties to work on particular tasks with the assistance of a staff of experts. For example, workshops have been held to: explore specific problems in nursing service, such as the utilization of nursing personnel; develop recommendations and set priorities for action; develop guidelines for action in implementing specific recommendations.

Standard workshop techniques are used for planning with: (1) large, general group sessions for presentations by special authorities and for sharing the products of work groups; (2) small work groups organized around the common interest of a number of participants for a cooperative attack on some aspect of the overall workshop theme; and (3) social activities and interchange to encourage thinking together in formal and informal situations.

Workshop attendance depends upon the theme and the number of people who should be assembled for mutual consideration of the overall theme and related subtopics. As attendance and the number of work groups increase, more pre-planning is required. In a 2- or 3-day retreat, ideas can be exchanged, new ideas generated, problems explored under skillful leadership, and consensus reached concerning steps that need to be taken to solve particular problems. Intensive work on the solution of problems, however, requires longer periods of time.

The greatest values of the workshop are these: the insights gained on the issues and concerns under discussion that assist in making decisions and recommendations; the changes in attitudes on the part of participants; and the encouragement afforded participants to accept responsibility for implementing some of the ideas growing out of the workshop experience.

Consultants and Resource Persons

Planning groups make various arrangements for the use of consultants and resource persons to supplement their aggregate talents and capabilities. Frequently staff or committees may require consultation services from professionals or specialists not represented in the total planning group. For example, consultants in statistics, research methodology, business administration, or the social sciences may be required in developing planning processess, work techniques, and procedures or special studies. Also, committees find that resource persons or experts from the various health, education, and social welfare fields are helpful in obtaining additional insight in clarifying issues and implications of trends. Or specialists may contribute to understanding in particular areas under study where precise data, information, or experience are lacking.

Consultation may be arranged with resources in the planning area such as universities, departments of State government, private practitioners, and professional associations. Or formal arrangements with a regional, State, or national level agency may be in order.

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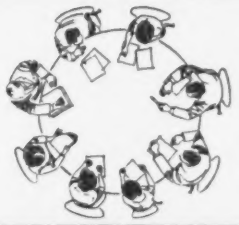
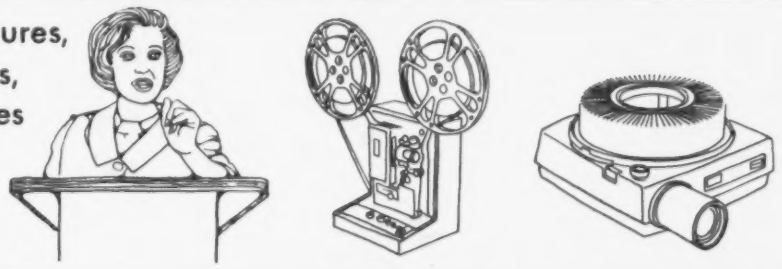
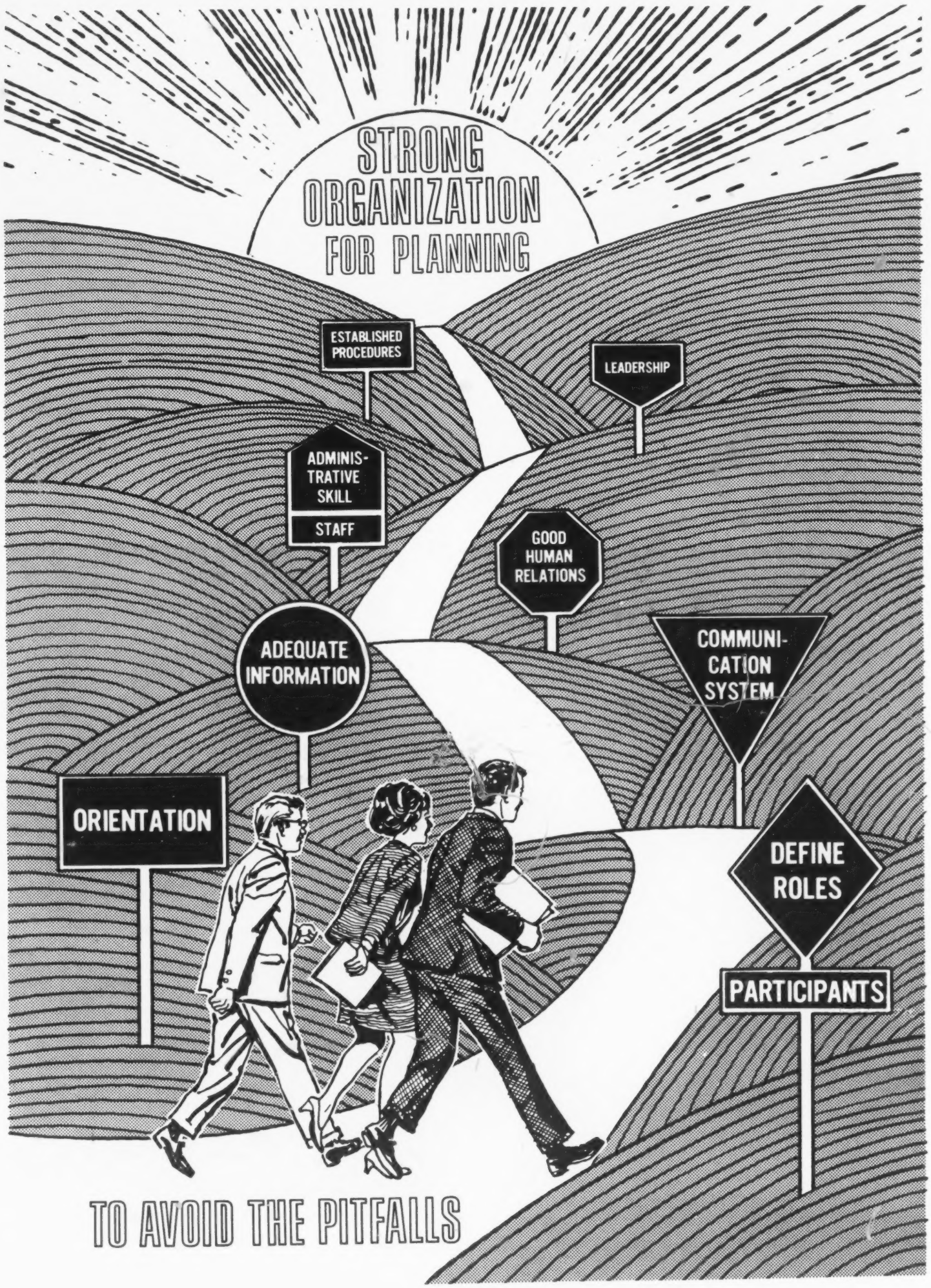
Planning techniques

Technique	Pattern of participation	Use
Committees 	High degree of participation among members for pooling of ideas and knowledge in order to arrive at group decisions.	To administer and operate the planning activity and assess needs and resources in specified areas.
Consultants and resource persons	Participation with staff, committees, in panels, workshops, or other capacity as required .	To contribute understanding, insight, & knowledge in areas where data, information or experience is lacking .
Hearings	Citizen participation	To solicit public reaction for guiding decision-making and to obtain public support .
Lectures, films, slides 	Systematic presentation of knowledge followed by question-and-answer period for clarification .	To inform public, lay, and professional groups of need for, purposes of, and activities of planning.
Panels	Stimulating open discussion, soliciting different points of view, and stimulating analysis .	To analyze and assess critical issues by selected participants .
Workshops	Full participation of large groups through small clusters of participants .	To explore and investigate special problems and issues with experts and stimulate action and leadership on part of participants .

Chapter 4

Organizing for Planning: Strengthening the Organizational Structure


STRONG ORGANIZATION FOR PLANNING
ESTABLISHED PROCEDURES
LEADERSHIP
ADMINIS-TRATIVE SKILL
STAFF
GOOD HUMAN RELATIONS
ADEQUATE INFORMATION
COMMUNI-CATION SYSTEM
ORIENTATION
DEFINE ROLES
PARTICIPANTS
TO AVOID THE PITFALLS

Chapter 4

Organizing for Planning: Strengthening the Organizational Structure

The success of planning depends primarily on the strength of the organizational structure; that is, on: (1) the participants chosen for the planning group; (2) the staff who guides planning activities; (3) adequate support; (4) a geographic base appropriate to the magnitude of the planning problem; (5) clearly defined roles, functions, and responsibilities of participants and staff to allow for teamwork; and (6) the use of mass media to interpret and publicize the activities and findings of the planning group.

Participants in Planning

There is no specific pattern for the composition of a planning group nor an exact formula for selecting committee members, staff, consultants, and resource persons. The main consideration is that persons who can be helpful in attaining the objectives should be involved. Also representatives of major opposing interest groups should be included even though they, through position or influence, could impede progress in planning. Only by including such opposition can differences regarding the concerns of planning be resolved.

Members of the planning group should have knowledge in the areas under study, skills related to planning processes, and talents in planning procedures. The mix of members should include:

- Representatives of agencies and groups who have a major interest in nursing and in the specific problem under study.
- Leaders in health, education, and related fields who have comprehensive knowledge of services, programs, and requirements.
- Persons who are in positions to influence actions and who can work for change in administration, services, programs, or legislation, as may be required.
- Persons who can contribute considerable insight, judgment, and creativity to assessing needs and providing the means for meeting those needs.
- Persons who can interpret planning purposes, findings, and recommendations, and disseminate such information to the community.

Selecting Participants

Persons to serve in specific capacities and on particular committees for planning should be carefully selected. For example, to effect change in nursing service administration, persons in hospital administration should be selected. To identify educational trends and philosophies and help design a plan for nursing education, educators can help. To obtain funds and modify and develop legislative programs, legislators should be selected.

Broad guidelines often proposed for organizing committees and advisory groups and selecting members specify that: (1) all participants be officially appointed by the planning body; (2) membership be requested and confirmed in writing; (3) official representatives of organizations be nominated by the organizations concerned; and (4) the size of committees be restricted. The number of members considered reasonable for technical and executive committees is from five to 10, with a maximum of 12; for policy-making and advisory committees, 15 to 30. Experience has shown that as the size of the committees increases, group effectiveness decreases. The scheduling of meetings becomes more difficult and discussion more complicated.

Potential Participants in Planning

The following list may be helpful in deciding upon the representation or mix needed:

Health profession organizations:
- Nursing organizations:
  - State nurses' association.
  - State league for nursing.
  - State board of nursing.
  - Occupational health nurse groups.
  - Practical nurses' association.
  - School nurses' association.
  - Other State organizations for professional, technical, and other nursing personnel.
- Medical society.
- Dental society.

Official State agencies:
- Agency administering planning, construction, and licensing of hospitals and nursing homes.
- Comprehensive health planning agency.
- Department of education (vocational, secondary, and higher education).
- State health department.
- State department or office of rehabilitation.
- State department of mental health or mental health planning council or agency.
- State legislature.
- State department of welfare.
- State department of labor.

Other health, welfare, and social organizations:
- Hospital association.
- Mental health association.
- Cancer Society.
- Heart association.
- Tuberculosis and respiratory disease association.
- Red Cross.
- Health insurance agencies.
- Health careers council.

Civic groups:
- Rotary, Lions, Kiwanis, and similar clubs.
- Urban leagues.
- Health councils.
- Councils of social agencies.
- Veterans' groups and auxiliaries.
- Federated women's clubs.
- Parent-teacher associations.
- Women's medical auxiliaries.

General community groups:
- Industry (management and labor).
- Farm groups or bureau.
- Press, radio, and television.
- Religious institutions and auxiliary groups.
- Leading influential citizens who represent consumers of health and nursing services.
- Minority groups.
- Citizens at large.

Organizations and projects for coordinated health, welfare, social planning, and related programs:
- Areawide planning councils.
- Regional Medical Programs.
- Hospital planning councils.
- Special health, education, and community action programs sponsored under Office of Economic Opportunity and Area Redevelopment.
- Housing and Urban Development (HUD).
- Metropolitan area planning councils.

Representatives chosen by health discipline, service field, or type of health and educational facilities:
- Director of nursing service.
- Director of school of nursing.
- Director of inservice education or continuing education program.
- Inactive nurse.
- Counselor.
- Representatives of fields of nursing, such as hospital, nursing home, public health, mental health, occupational health, school health, private duty, physician's office, nursing education, clinical specialty, and research.
- Physician.
- Anesthetist.
- Representative of general education.
- Social scientist or psychologist.
- Social worker.
- Other allied health workers.
- Representatives of other special study groups on health services or health manpower.

Staff To Administer Planning Activities

The importance of an adequate and skilled staff to administer and guide planning activities cannot be overestimated. Usually, the staff consists of a project director, professional or technical assistants, clerks, and typists. The size and requirements of the staff depend, of course, upon the depth and scope of planning, and vary during the different phases of planning.

Staffing Patterns

The demanding work of coordinating the various planning tasks and directing and supporting committee activities requires, as the minimum, a full-time project director and a secretary. For most areawide planning —as, for example, statewide and metropolitan area

planning—an assistant project director, research associate, or administrative assistant is also employed. If multiple committees are appointed, part-time staff assistants are usually provided. They are responsible for administering the work of single committees, and render technical assistance to the committee chairmen and members. During peak workloads, as when surveys or special studies are conducted and reports are prepared, additional typing and clerical assistance is often needed.

The staff may include also personnel of cooperating organizations and agencies, and consultants and resource persons as required.

All personnel, regardless of the particular staffing arrangements, should have written employment contracts.

Sources of Staff

Staff members are usually recruited from within the planning area. Nurses, nursing organizations, sponsors, and participating agencies often know and can recommend qualified persons for staff positions. This type of recruiting—through personal and agency contacts—is most often successful.

Cooperating agencies may contribute the full- or part-time services of professional or technical staff for various tasks. A wide range of competencies is found among staff members of university faculties, health departments, other departments of State government, health and welfare agencies and councils, other planning bodies, and health and professional associations. These agencies often lend staff members to serve as full-time project directors or as technical assistants, consultants, and resource persons. They can make sizable contributions in collecting and analyzing nursing information and supporting data and in conducting special studies. In addition, they can help to establish identity and provide a stable base for continuing planning activities.

Qualifications of Project Director

The project director should have executive ability, administrative skill, ability to work with groups and committees, knowledge of community resources and needs, and experience in community organization. It is desirable—although less important—that the project director have a background in research and experience in conducting surveys, studies, and planning.

A question frequently asked is whether the project director should be a nurse. Often a person having experience in social research methods in a related health and welfare field is chosen. In such cases, the "non-nurse" project director should be given the opportunity to acquire background knowledge about nursing and to understand fully all aspects of the proposed planning activity. In addition, guidance from nursing should be made readily available to the project director in interpreting nursing matters and drawing implications for nursing from data collected.

Duties and Responsibilities of Project Director and Staff

The project director is charged with the overall management of planning, and is most often directly responsible to the executive committee and the chairman of the planning body. The duties and responsibilities of this crucial position, whether totally assumed by one individual or partially delegated to associates and assistants, include the following:

- Prepare, in cooperation with the executive committee, the work plan for conducting the planning activity.
- Obtain and provide data and information required as a basis for assessing needs and resources and developing plans of action.
- Direct and supervise office management and planning staff.
- Guide, counsel, and assist in coordinating the activities of standing, technical, and ad hoc committees.
- Prepare minutes of committee meetings; also reports of surveys, studies, findings, recommendations, and publications on planning activities.
- Follow through on the suggestions and recommendations of the planning body for conducting the study as so delegated.
- Perform assignments related to continuous planning and the implementing of action programs to meet needs.

The assumption of these functions is necessarily influenced by the point in time of hire of the project director and other staff. Often the project director is hired after the work plan has already been developed.

Funding

Every planning group faces the problem of securing funds for its project, and most of the financing has to be found within the planning area itself. The ability of planning groups to attract capital depends largely on the soundness of the endeavor. Planning projects must compete with other investment needs within the area and with those of potential donors.

Various sources can be tapped to support health planning, surveys, studies, and research that cannot be financed adequately under existing public and private health programs.

Where To Look for Funds

Funding for planning activities for nursing needs and resources may come from many private and public sources and various combinations of these sources. Financial support emanates from and through those interested in or intrinsically involved in the planning activity, such as:

- Professional associations.
- Voluntary health agencies and associations.
- Government agencies and departments in health, education, and related fields at all levels of functioning.
- State legislative appropriations from general, emergency, or special funds.
- Project, contract, and grant funds under Federal and State legislative programs.
- Industrial, business, and labor establishments, groups, and organizations.
- Private citizens.
- Private foundations.

Fund-Raising Activities

Raising funds is a challenging task. All representatives of the planning group can assist in creating sponsor interest. However, it is often wise to designate responsibility for fund-raising to a single committee whose members are experienced and skilled in obtaining financial support. Fund-raising activities also publicize the planning and win interest and support.

All economic possibilities of the area should be explored and the development of promotional materials and methods for fund-raising should be considered.

Experienced planning groups report that personal contacts are most significant in soliciting support. A prospectus is also a good information medium and a convincing promotional tool. It can be prepared from the work plan for the project. Designed to arouse interest and win support, the prospectus concisely:

- Explains the purpose of the project.
- Portrays the situation to which planning is directed.
- Justifies the need.
- Anticipates the expected potential and outcome of the activity.
- Outlines the budget to show how funds will be utilized.
- Suggests amounts and methods of contributing funds.

Sometimes funds are obtained through a *project grant* from public or private sources, in which case it is necessary to prepare a project proposal. Such proposals must be more detailed than a prospectus, and should include, in addition, a description of: representation and cooperating agencies; scope of project; duration of activity and a timetable; organizational structure; plan of operation; and methods of evaluating the accomplishment of project goals.

The lack of funds need not retard planning or limit the scope. Planning activities can be carried out with little cash expenditure if individual participants and agencies represented will contribute staff, materials, or other needed resources. In such a case, financial responsibility for various activities of the planning project is cooperatively arranged and guaranteed accordingly.

In projects that are substantially funded, cooperative arrangements are often made between participating agencies for the loan of not only staff and equipment but also office and meeting space, and statistical data processing, or other supporting services. Business groups and others also contribute services, thus lowering the total cost of planning.

Cost of Planning

The cost of planning will depend upon the scope of the activity, its organization, and local economic conditions. A budget should be drawn up, showing estimated expenses. It should detail all activities for which financial or other assistance is required.

Major items include:

- Staff salaries, full or part time as required, for:
  Project director.

Assistant director or research associate.
Administrative assistant.
Secretary, clerks, and typists.

- Travel and per diem for:
  Project director and other staff within planning area.
  Committee members to attend meetings.
- Data processing of:
  Inventories.
  Special studies.
- Mimeographing and duplicating of:
  Minutes of meetings.
  Special reports.
  Background data and informational materials.
- Supplies and equipment:
  Stationery.
  Office equipment.
  Stamps and postage.
- Operating expenses:
  Office space.
  Telephone.
  Meeting rooms.
- Production and publication of reports:
  Writer and/or editor.
  Printing.
- Public information materials.
- Consultation services.

Cash expenditures for statewide planning for nursing conducted in recent years have varied widely. For projects requiring 2 to 2½ years to complete the study phase and develop recommendations, cash expenditure ranged from $10,000 to $96,000, averaging over $50,000. These studies had a variety of contributions in kind and no common pattern of funding. If the contributions had been given a cash value, costs might have reached $160,000.

The costs of planning rise, of course, with the number of special studies or research conducted, staff requirements, and the patterns of travel and support provided for committee members.

Examples of Budgets

For the first 2 years of an in-depth statewide planning activity in a western agricultural State, yearly cash expenditures averaged $20,000. Travel expenses of committee members to monthly meetings were paid by the agencies they represented. Tabulation of special studies was contributed by the State university and health department. The staff was employed full time.

Salaries:	
Project Director	$12,000
Secretary	3,600
Office rent	1,200
Supplies and equipment	1,100
Travel of director	1,500
Printing of reports	900
Total	$20,300

Another example, the budget for a 2-year planning activity in a metropolitan area that did not require travel of committee members was $63,373. Expenditures were as follows:

	First Year	*Second Year*
Salary of project director	$11,000	$11,550
Salary of secretary	5,500	5,750
Fringe benefits	1,320	1,730
Travel for consultants and resource persons	500	500
Office space and utilities	1,500	1,500
Supplies and office equipment rental	5,353	1,770
Rental of meeting space	1,000	1,000
Postage	450	650
Telephone	400	400
Data tabulation and analysis	3,000	0
Editorial expenses	0	2,000
Publication costs	0	4,500
Special publication and promotional costs	1,000	1,000
Total	$31,023	$32,350

A third example: For a 2-year planning project that included six special studies, the total cost was $95,442. Most data-processing was contributed by cooperating agencies. In the second year, technical committees had part-time staff members. Extra statistical and clerical staff was required for processing the special studies. All travel expenses of committee members were paid from project funds. Office and meeting space was donated. Expenditures included:

	First Year	*Second Year*
Salary and fringe benefits	$17,416	$38,780
Supplies	4,773	4,094
Utilities	280	296
Telephone	500	862
Travel of committee members, consultants, and resource persons	689	4,794
Postage	1,915	1,485
Data-processing and tabulation	0	8,386
Writing and editorial expenses	0	6,076
Publication of reports	0	6,096
Total	$25,573	$70,869

Timetable

The length of time needed for planning will vary in different situations and with the scope of the planning. Considerable time is often required just to develop recognition of the need, assure readiness, and gain support for planning. That phase may take months or a year or more. The average time required to formally organize, carry out an in-depth assessment, and develop a plan is 2 years. However, with adequate staff, the capability to gather and analyze data quickly, and the ready commitment of time by all participants, the time span can be reduced. But even in ideal situations, 1 year is considered a minimum amount of time.

Preparation of a timetable for planning is essential. A schedule that correlates the timing, order, and sequence of planning tasks helps to assure that planning is progressing. The time requirements of each phase of planning will affect the budget, the relevance of data, and the ability to make commitments for staff, services, and participants. Although there may be overlap in the timing and sequence of the phases of planning as described in this guide, the average time required for some designated tasks is as follows:

	Months
Formally organizing	3
Collecting and analyzing available data	6
Assessing needs and resources; preparing recommendations and committee reports	12
Writing the summary report	3

As planning proceeds, the timetable may have to be modified. For example, special surveys and studies may be needed, many of which require 1 or 2 years for completion, thus prolonging the assessment phase of planning. *It must be borne in mind, however, that when the assessment phase of planning does extend beyond several years, the motivation and interest of the participants tend to dissipate.*

Planning Area

The current trend is to establish the boundaries of a planning area on the basis of a geographic area within which planning concerns can be defined, solutions found, and programs developed for meeting needs. The geographic planning area is economically, socially, and functionally cohesive. Its political or jurisdictional boundaries do not ignore patterns in the use of health, education, and other social services. Nor do geographic boundaries ignore existing relationships among health and educational institutions.

The planning area may be large or small, geographically. It may encompass a metropolitan area, a State, several States, parts of a State, parts of several States, a county, several counties, or one or more local communities. The given area is often referred to as a community or region within which community or regional planning takes place.

A planning area can best be defined by reviewing the functional relationships that exist within a given area. Planning areas for nursing are necessarily related to health and educational service areas. And health service areas usually follow traditional trading area patterns.

The patterns of geographic coverage already established by health, education, and welfare agencies may be reviewed to determine the feasibility of designating nursing areas in the same pattern. In most States, regions for the delivery of services or for planning already exist for: (1) the State Health Department; (2) mental health and mental retardation; (3) hospital and medical facilities (Hill-Burton); (4) trade and economics; and (5) State Department of Education school districts. The professional organizations for registered nurses have districts for program purposes. Areawide and State Comprehensive Health Planning agencies have designated planning areas. Regional Medical Program planning areas disregard State boundaries and are designated in terms of the existing and anticipated geographic needs for health services and the usage of these services. Metropolitan area planning and service areas may cover parts of several counties and States that are essentially and economically dependent.

Statewide Planning

A State is a logical study area because of significant political considerations. Our social organization is, in many respects, functionally structured in State units. The implementing of programs often requires policymaking and achievement of political action at the State level.

Public educational programs and health services are organized in statewide systems. Licensing codes are enacted at the State level. State boards of education, health, and nursing establish certification procedures and enforce minimum standards of practice. Professional associations tend to organize programs and services in State constituencies. The services of voluntary and private agencies generally conform to State patterns.

Areas within a State, however, have dissimilar characteristics and particular problems that require solutions tailored to the needs, resources, and aspirations of each locality. Yet, as different as rural and urban areas may be, they have dependent relationships. Therefore, it is often advisable to organize the planning effort for coherent statewide planning that considers regional needs. Simultaneous statewide and intrastate regional planning also properly integrates and balances issues and problems that require statewide solutions and those that must be resolved on a local or regional basis.

Increasingly, planning for nursing is being organized and conducted for regions of a State and for the State as a whole. The development of nursing education resources in junior and senior colleges, for example, requires coherent statewide and regional planning. This calls for an organized planning effort with a framework for appraising and responding to statewide, regional, and local needs.

Interregional Planning

As mentioned, a trend toward regionalization and concerted planning for nursing for areas that comprise several States or parts of States is now emerging. In many States there are areas that are dependent upon other States for medical care, health manpower, and educational services. Consequently, such areas require health planning and manpower study across State lines. For high-level professionals, manpower supply is often a national and regional as well as a State concern. Specialized professional personnel are educated in only a limited number of States, and there is competition between States for the employment of such professionals.

Interregional planning, whether it be interstate or intrastate, draws and builds upon planning within regional boundaries, and requires careful scrutiny of regional relationships. This includes identification of problems associated with interregional planning and amenable to resolution on an interregional or areawide basis.

Some examples where interstate and intrastate regional planning is beneficial for cooperative arrangements in meeting nursing needs and providing resources for education and service are:

- Development of highly specialized nursing services associated with scientific and medical advances and diagnosis and treatment services in specialized fields not feasible for all areas.
- Continuing education programs drawing on the resources of more than one State or region.
- Educational resources for developing leadership personnel.
- Research and demonstration projects for more effective distribution and utilization of all types of nursing personnel.

Local Area Planning

Ultimately, the implementing of recommendations and the initiating of actions that assure adequate nurse manpower, educational facilities, and resources take place at a local level. Local areas must identify factors operating in their own setting that influence the supply of, demand for, and utilization of nursing personnel. Inter-institutional cooperation in local areas is required to develop community-wide nursing programs and resources.

In the newer concepts of planning, emphasis is being placed on decentralized planning. Local areas are potential local planning regions. Townships, towns, villages, and municipalities are amalgamated to make up a reasonable planning area. Local citizens are encouraged to help improve the community's health through their own efforts and participation in planning.

Approaches to planning at the local level vary. Responsibility for planning may be initiated and carried out at the local level, or a State or regional entity may initiate and guide planning for a local area. In the first approach, the local area carries out its own planning. Needs of the area are defined and cooperative efforts are maintained with adjacent, related, or dependent areas to develop programs and to allocate resources. In the second approach, where planning is directed from the State or regional level, local area needs and resources are considered in relationship to the State or region as a whole.

Summary of Planning Area Patterns

In summary, the patterns for planning on the basis of geographic needs include the following:

- Local unit planning.
- Coordination of multiple local unit planning in a regional context and planning on a regional basis for services, programs, and manpower transcending local control.
- State-level coordination of regional and/or local planning and concurrent planning on the State level for study and action required at the State level.
- State-level planning for overall State needs with statewide representation and consideration of regional and local needs.
- Interstate regional planning for cooperative efforts and coordination in program development and resource allocation not feasible for individual State regions.

Public Relations

Essential to effective planning are good public relations and the development of a communication system for winning support. An intrinsic part of organizing for planning is establishment of a strong information program that will stimulate interest in and acceptance of the objectives of planning. Publicity efforts should be aimed at all segments of the population but particularly toward those who must support and engage in the actions that evolve as part of planning.

Initially, the understanding of professional groups must be sought. The primary sponsor should elicit the endorsement and cooperation of vital interest groups first, before informing other groups. If this is not done, there may be difficulty in gaining necessary support. The so-called power structure of the planning area should be carefully studied to search out those individuals and groups whose approval and participation are essential. Personal contact and individual approach are considered best for key individuals and groups.

After those closely concerned are adequately informed, the entire planning area must be made aware of the planning activity, why it is needed, and what it can accomplish. Once communication is begun, it must be maintained. All types of mass media—newspapers, radio, television, group meetings—can be used. Good public relations and publicity stimulate individuals and groups to become involved and to give support in a number of ways, such as by contributing money, pledging and providing services and work, developing concern for achievement of the goals of planning, deepening the understanding of the capabilities which can be brought to bear to provide for meeting nursing needs, and finally, accepting responsibility for the actions that are necessary to meet nursing needs.

Special materials and information programs must be developed at various stages and at appropriate intervals of planning, directed to particular groups. A few techniques that have been successfully used are listed here:

- Periodic written progress reports on planning activities are sent to sponsors, participating agencies, and contributors to planning.
- Health organizations and professional and lay groups are informed of the needs of nursing through individual and personal contacts and conferences with key representatives.
- Group meetings are arranged with the membership of professional organizations, such as the hospital association, medical society, and nursing organizations, to discuss planning for nursing in its various phases.
- Public forums and hearings are conducted to solicit response and support for the needs of nursing.
- Progress reports of planning activities are submitted to professional journals, newsletters of health associations or agencies, and other publicity organs, for publication.
- Protocol visits are made to the State Governor, departments of government, boards of various kinds, as well as interested institutions, to interpret the need for and objectives of planning.
- Policy statements on controversial matters are issued and circulated widely.
- Summary reports on surveys, special studies, and planning activities are published.

Planning Reports

Planning groups issue a variety of formal reports; most are printed publications. Planning reports serve as educational documents and instruments for soliciting professional and public support. They are tools for interpreting needs, findings, recommendations, and goals. In addition, they provide the basic guidelines for action and a baseline for evaluating progress in implementing recommendations. Four types of reports are most commonly used:

- Data-compilation or source books, with or without an analysis.
- Summary or overall reports on planning activities, study findings, recommendations, and plans of action.
- Popular, abbreviated reports on findings, formalized recommendations, and plans of action.
- Reports on special studies, selected phases, or particular concerns of planning to which it is desirable to draw special attention.

Data Source Books

Data collection and analysis constitute an important aspect of planning and are discussed in detail in chapter 6. Background and reference data and information assembled for the study of nursing concerns by those actively engaged in planning are frequently compiled in source book or report form. These materials are usually presented as a perspective on the problems and concerns under study or to be studied. Such source books may be widely distributed to health, educational, and related institutions and agencies, to arouse interest in improving nursing and to secure a wide realization of needs.

Examples of reports of data surveys and analyses are given in appendix 1. It should be noted that some data surveys are not part of broad planning for nursing but are independent activities produced as a basis for planning by other groups.

Summary Reports

The most common type of report prepared by planning groups is the summary report. Although often referred to as the final report, the summary report is not the end product of planning. The summary report does give an account of the origin, purpose, method of operation, and guiding principles of planning groups. It highlights major findings and recommendations, as well as the premises and reasoning which led to the recommendations. Such a report is issued to give detailed information to professional, health-related, and other interested individuals and groups who can help to carry out recommendations.

It is possible to give general but not specific directions for preparing a summary report. The format and style must be adapted to the audience and use for which each report is intended. The findings and recommendations are sometimes placed at the beginning. This is convenient; the reader need not read the whole report before he can focus on the significance of the findings and recommendations, and pinpoint those recommendations most relevant to his interests. What is to go into the main body of the report and the length of the report are often difficult to judge. Emphasis is usually given to a discussion of those details that have to be interpreted and that can influence the reader in desired directions.

Most summary reports follow this format:

- Title page.
- Acknowledgments and preface or foreword.
- Table of contents.
- List of tables.
- List of figures.
- Text, or body of report:
  - Introductory chapter.
  - Report of planning divided into logical chapters that represent important divisions of the problems studied.
  - Summary chapter on findings, conclusions, and recommendations.
- Appendix:
  - Reference and source materials.

Although they vary in content, summary reports generally include the following:

- Organizational structure and study methodology.
- Lists of participants, committee members, resource persons, and consultants.
- Summary of primary findings, conclusions, and recommendations.
- Plans of action, or suggested measures for initiating action on recommendations.
- References to source materials, or a bibliography.
- Selected statistical data to highlight points of importance.

- Discussion of the nursing situation(s) to which planning is addressed and the relationship to:
  - Trends in the nurse supply, nursing practice, and nursing education.
  - Characteristics of the nurse supply and the present practice of nursing.
  - Characteristics of nursing education programs and student resources.
  - Assumptions, standards, and criteria for nursing service and nursing education.
  - Effectiveness of nursing service, facilities, and resources.
  - Factors affecting the needs and demands for nursing.
  - Projection of future needs and demands and potentials.
  - Goals, recommended courses of action, and plans.

Popular Reports

Popular reports, which are brief versions of overall reports, are commonly prepared for wide distribution to the general public, or to individuals representing diverse interests but sharing a common concern in nursing. In popular reports, attention is given to the potential reader who may not be thoroughly familiar with nursing and the changes and factors influencing nursing practice and education. Main points of surveys and studies are often graphically portrayed, and major recommendations are enumerated and discussed to give information quickly and highlight findings and needed actions.

Special Reports

Planning groups routinely document their proceedings and assemble and compile extensive information and statistical data on nursing. These materials may be reproduced in a variety of special reports. Underlying the preparation and issuance of special reports is the need to give a broader perspective and to provide greater understanding of particular aspects of nursing than can be given in summary or popular reports.

Special reports may detail findings from special studies, surveys, or research conducted as a part of planning. Records of the deliberations of committees or their assessment of particular areas of nursing may be abridged and published as a separate report. The proceedings of workshops and public hearings or summaries of other supporting materials may be compiled in report form.

Other Strengthening Factors

Traditional difficulties that can impede progress are inherent in planning. Most often they arise from conflicts of interests and philosophies; fear of loss of status or autonomy of the agency, profession, or individual; failure to realize the importance of planning; and administrative patterns of particular planning groups. Insofar as possible, the organizers of planning should consider methods of weakening or eliminating the negative forces and strengthening positive ones. Barriers to effective planning are evidenced in:

- Refusal of some individuals or groups to participate in or endorse planning; the blocking of other support.
- Undue influence by special interest groups, and power struggles between vested interest groups.
- Poor relationships between agencies that should be represented for integrated planning.
- Apathy on the part of participants, and complacency with the status quo.
- Resistance to the introduction of new concepts.
- Refusal of committee members to compromise, thus blocking action.
- Reluctance to share data and otherwise cooperate.

To confront conflicting forces, there must be strong leadership and support, administrative skill, personal persuasion, good information, and, again, good human relations. Other suggestions that help to avoid pitfalls are included below.

Important Administrative Procedures

Consideration should be given to factors that dissipate personal interest of the participants, strengthen motivation, increase involvement, and enhance the contributions they can make. This requires attention to fundamental administrative procedures, such as orienting participants, assigning responsibilities, and supplying needed information.

Orientation

Participants in planning must first clearly understand the goals of planning, the importance of the job to be done, and how they can help. All who serve should be oriented to:

- The overall situation to which planning is addressed.
- The purpose and objectives of planning.
- How planning is organized and will function.
- The roles and responsibilities of sponsors, committees, and their particular assignment.
- Anticipated and expected commitments of time.

Assigning Responsibilities

To guide their work and assure its completion, staff and those who serve on planning committees should operate under clearly defined responsibilities and established procedures. Their time should be used wisely in meaningful activity. Requirements are that:

- Organizational structure for the planning, lines of authority, and functions and responsibilities of staff and committees be put in writing.
- The specific charge be developed and made to each committee or group to which members are assigned.
- Meetings be scheduled well in advance to assure maximum participation of already busy committee members.
- Agenda be prepared to utilize the time of participants in directed activities.
- Minutes of meetings be kept and circulated to give continuity to planning activities.

Supplying Adequate Information for Participants

In terms of their background, knowledge, and experience, individual participants and committees will, throughout planning, need information on various subjects relative to their assigned tasks. Such information may be necessary for understanding broad or specific aspects of social, education, health, welfare, and nursing conditions, as well as programs, trends, and developments. Staff support and other means for providing adequate information are essential to intelligent judgments, decisions, and actions. Measures utilized to provide background information include:

- Distribution of selected reference materials.
- Reports to committees on special subjects.
- Use of resource persons.
- Speakers on selected subjects.
- Site visits by staff or committee members to observe in particular areas of interests and to solicit information.

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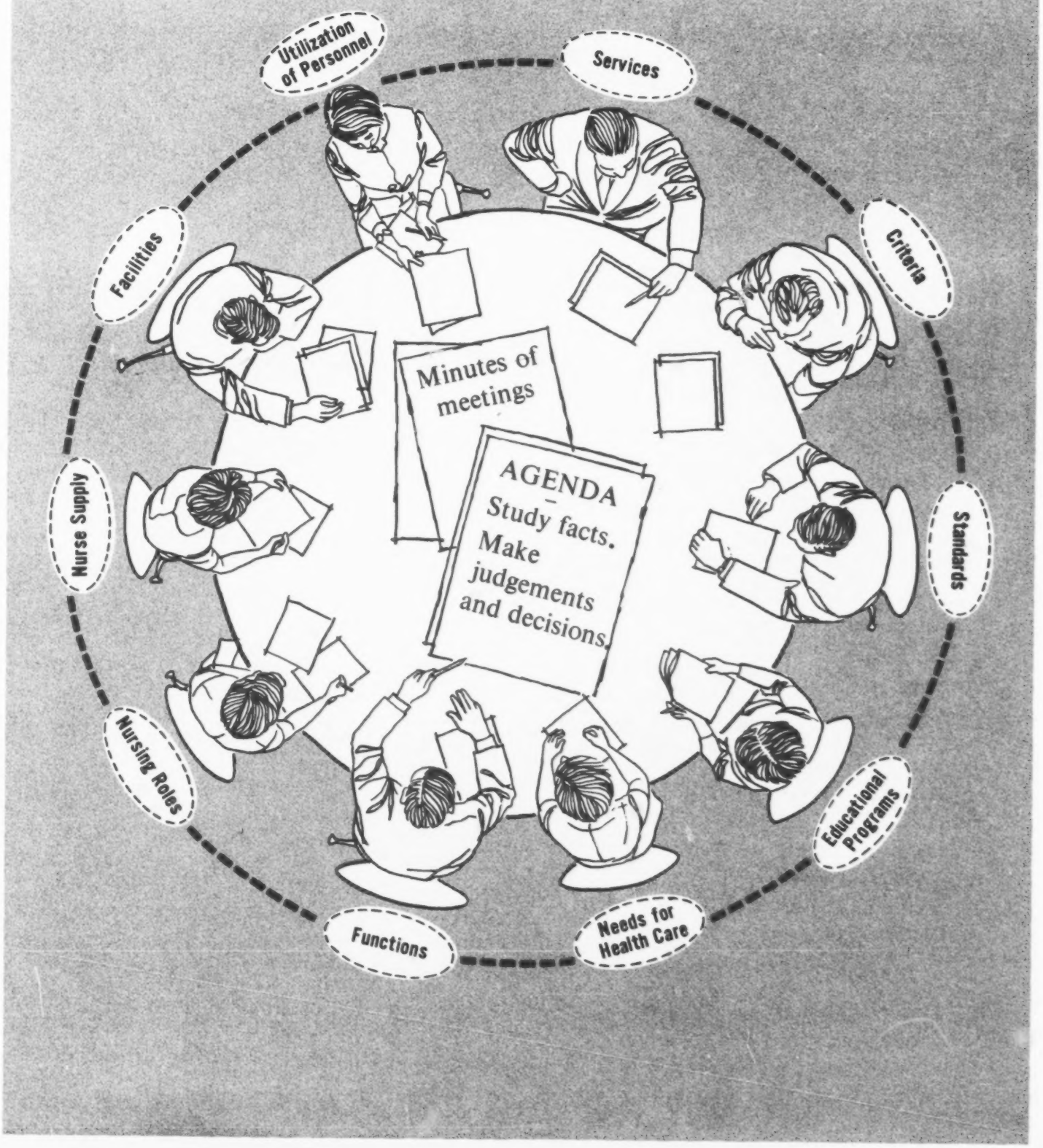
Chapter 5

Assessing Needs and Developing the Plan of Action

ASSESSING NEEDS AND RESOURCES



Chapter 5

Assessing Needs and Developing the Plan of Action

At the very core of planning for nursing is the assessment of needs and resources. The assessment phase—essentially a survey and study process—lays the foundation for developing a specific plan with recommendations for the expansion, development, and improvement in nursing programs and the translation of these recommendations into action.

Every area of the country should have a plan for nursing—a plan that sets common goals and priorities and guides action in the entire spectrum of nursing facilities, services, and resources. Moreover, the plan should be periodically updated. There should be a continuing critical analysis and evaluation of major nursing concerns.

A comprehensive nursing plan cannot provide answers to all questions. It can, however, give perspective to nursing needs; set the perimeters for operational, institutional, and program planning; and guide coordinated action within the planning areas. Thus the plan offers the greatest potential for meeting needs.

Assessment Phase

Assessment is the phase of planning concerned with investigating, pinpointing, and making specific recommendations on the needs of nursing. In this phase, a factfinding period—during which data and information are collected, analyzed, and synthesized—is followed by a period of decision-making on the needs of nursing.

Framework for Assessment

A basic framework for assessing overall health needs and resources has been developed which can be applied to nursing. The framework sets the requirements for factfinding and furnishes guidelines for reasoning, judgments, and decisions. Assessment of the nursing needs and resources of any planning area must be carried out within a framework that includes the following:

- Defining the nature and scope of nursing concerns as manifest in the planning area.
- Identifying and evaluating the political, demographic, cultural, and economic factors, conditions, and changes affecting nursing in general and the specific areas of nursing under study; also recognizing the problems they pose in the development of positive programs for meeting needs.
- Weighting the relative importance of all factors related to the concerns and the needs of nursing.
- Becoming aware of and exploring the resources available to deal with specific concerns and problems.

Steps in Assessment

Although complex, the assessment phase can be carried out in definite steps in a logical sequence, as follows:

- Collecting available data and descriptive information.
- Conducting special surveys or studies as required for factfinding.
- Statistically analyzing data; summarizing descriptive information; and integrating and interpreting information, data, and findings.
- Synthesizing findings, knowledge, and understandings, and forming concepts of the situation.
- Drawing implications and conclusions and making judgments on needs in terms of adequacy, effectiveness, and efficiency of nurse manpower resources and services.
- Making decisions on approaches, methods, and measures for meeting needs.

Indices of Assessment

The preceding framework and steps in assessment

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suggest a summary index of factors to be assessed in determining nursing needs. Whatever the nursing problems in need of solution, assessment would be based on understanding, review, detailed knowledge, or study of the following:

- Socioeconomic environment of and associated with nursing.
- Health needs and resources and their relationship to nursing.
- Trends, concepts, practices, and patterns in the delivery of health services, in nursing service, and in nursing education.
- Standards, criteria, and controls on which nursing practice and nursing education are based.

It is impossible in this publication to outline in detail all the potential indices of assessment because nursing conditions and needs vary widely among planning areas and are changing constantly. Nursing concerns requiring assessment by particular planning groups are initially identified when the study outline is prepared. (See page 16.). Other concerns or aspects of issues and problems requiring analysis and study will emerge as planners begin to seek solutions to particular nursing problems. The time spent in assessing particular items and the depth of assessment are contingent upon the availability of data and study findings and the familiarity of planners with particular areas of concern.

Indices and the process of assessment may be explained more clearly by the following example of a charge given to the technical committees of one planning group that had as its purpose the development of a statewide plan for nursing service and nursing education. Committees were structured by fields of nursing, such as institutional nursing, public health nursing, office nursing, and occupational health nursing. The charge, with a few adaptations, could apply to committees that were structured, for example, in terms of nursing needs, nursing resources, and the utilization of nursing personnel, as shown in the organization charts on pages 24 and 26 (figs. 1 and 3). The charge was as follows:

- Assess the social, cultural, economic, and administrative factors effective in the delivery of health and nursing services and nursing education, and relative to the specific area of study assigned to the committee.
- Examine and review the present situation and conditions in the specific area of study assigned to the committee in light of the following:

  Data on hand.

  Past and current trends.

  Published reports and positions.

  Expert judgment and experience of members of the committee.

  Counsel of experts or resource persons as needed and required.

- Broadly consider the situations and conditions in the specific area of study as they relate to the following:

  Patient care requirements.

  Utilization, staffing, and available resources.

  Employment incentives.

  Career incentives.

  Educational preparation of personnel.

  Organizational patterns of services.

  Nursing responsibilities.

- Assess patient and service needs in the specific field, current and future.
- Assess the current quantitative and qualitative direction of nursing, and project future directions, including new responsibilities for health care and for nursing.
- Determine the criteria and standards in use and required for projection of needs and resources in the area of study.
- Assess and estimate current and future nursing personnel requirements, quantitative and qualitative.
- Assess and estimate all resources for nursing, also the adequacy of recruitment programs and of existing educational facilities for producing the required number of nursing personnel in the specific field.
- Outline relevant information needed but not available and for which special investigation may be necessary.
- Identify areas needing research for long-range planning.
- Formulate initial recommendations for meeting quantitative and qualitative needs for review and approval by the Executive Committee and Task Force.
- Specify courses of action to be taken to implement the recommendations.
- Make concrete proposals for initiating action programs.
- Prepare an analytical report on the special areas of study.

Tools of Assessment

The principal tools of assessment are a combination of both tangible and intangible instruments. They are integral devices. Three tools—(1) data; (2) criteria and standards; and (3) judgments and decisions—require special mention.

Data

Data provide the context for forming concepts of the nursing situations, the scope of problems, the characteristics of nursing needs and the shape and direction of measures and programs needed to meet needs. Because of the fundamental importance of an adequate data base for planning, data as an integral part of factfinding are discussed fully in chapter 6.

Standards and Criteria

Program-planning techniques and evaluation methods frequently employed in health and education fields are essential to a critical appraisal of nursing practices, programs, and personnel resources. Quality, effectiveness, and efficiency are inferred, judged, and measured from established quantitative and qualitative standards and criteria that, in addition, provide a base for improvement. Their application in the assessment process is focused on the following:

- A comparison of recommended standards and criteria with those in practice as revealed by data survey and analysis and study findings.
- An appraisal of acceptable standards and criteria applicable to the conditions and changing requirements of the planning area.
- A determination of standards and criteria to be used as a base for setting goals and formulating recommendations.

When recommendations have been formulated and the nursing plan has been prepared, the standards and criteria set by the planners provide a frame of reference for future goals, a guide to action, and yardsticks against which progress and achievement can be measured.

An assessment of nursing needs and resources must be founded on a clear conception or delineation of the role of nursing, to which standards and criteria are then applied. The standards and criteria most frequently used and formulated in assessing nursing needs and resources are these:

- Classification of nursing functions by each level of proficiency of the practitioner.
- Staffing ratios.
- Ratios for levels of educational attainment of practitioners.
- Standards of performance of practitioners.
- Criteria for educational programs.

The commissions on practice, of the American Nurses' Association (ANA), establish and publish functions, standards, and qualifications for practice in the various fields of nursing. The commission on education sets criteria for the various types of nursing education programs. These ANA standards and criteria can be used by planners as guidelines. Specific ANA publications are referenced in appendix 2. The use of criteria and standards in assessing quantitative and qualitative manpower needs is discussed further in chapter 6.

Judgments and Decisions

Data, standards, and criteria form the base for judgments and decisions on the needs of nursing and the means for meeting those needs. The making of judgments and decisions in planning are, however, influenced by a number of subjective factors and implicit conditions. Planning judgments and decisions reflect the participants' understanding and knowledge gained through the planning effort. They are influenced by the effectiveness of the planning process in resolving planners' conflicts and controversies in reaching common understandings. Planning judgments and decisions also reflect the values, attitudes, and motivations of the planners and participants in planning, who represent various social, economic, and political segments of the planning area. Judgments and decisions are also influenced by the degree to which the planning process enables planners to set common purposes and goals.

The organizational structure, operation, and ongoing activities of the planning effort should provide the framework for making appropriate decisions on means for meeting nursing needs. In other words, when the time for decision-making has arrived, these steps must have been accomplished:

- Concerted concern for the needs of nursing has developed.

• The various agencies and groups have agreed upon the need to cooperate to correct deficiencies.

• Willingness to accept the majority rule on what the needs are and how they can be met have been evidenced.

Committees may deal with highly controversial subjects and represent many divergent points of view. One well-known national study developed a climate favorable to reaching consensus on needed actions by establishing these committee rules for decision-making:

• Lay aside any preconceived bias, and approach the assigned task with an open mind.

• Reach no conclusions until you have heard all the evidence that can be assembled from basic data, unearthed from studies, and supplied by experts.

• Recognize and utilize the respective knowledge and contribution which each committee member can make.

• Listen to all points of view on any question.

How Assessment Tasks Are Accomplished

The main work of assessment is usually done through one or more technical committees. (See p. 22.) Not all committees work in the same way. Some emphasize critical thinking and the clarification of problems in the total group. Others pay greater attention to work in subgroups. The technical job of arriving at the roles and functions of nursing personnel and standards for education and practice is often assigned to an ad hoc or special committee of experts, commanding the best talent within the planning area.

As previously mentioned, public hearings, workshops, panels, and the use of consultants and resource persons are actually instruments of assessment and make various contributions to the process.

The planning staff usually obtains the basic background data and conducts special surveys and studies concerning pertinent needs and resources to support technical committees in their assessment. This fact-finding process is discussed in chapter 6.

Developing Recommendations

The search for the measures that will best meet the needs of the planning area culminates in recommendations. The recommendations state the goals and objectives of the plan of action and suggest measures for meeting them. Recommendations represent the collective thinking of the membership of the planning group. In controversial issues, alternate recommendations for reaching objectives are sometimes made.

Nature of Recommendations

Statements of recommendations should indicate the problems toward which each recommendation is directed; should specify objectives in terms of the impact on nursing practice and nursing education and the improvements anticipated; and should describe, in general, the measures designed to reach the objective.

Recommendations may (1) extend activities already present in the planning area; (2) specify approaches and activities developed elsewhere which might be applied in the planning area; or (3) specify new means and activities for meeting needs. Recommendations, at their best, are devoid of preconceived ideas; they specify new ways of meeting needs instead of following traditional patterns. New patterns reflect the need to keep up with changing society.

To be meaningful, recommendations must be realistic in terms of the needs, capacities, and limitations of the planning area. At first, goals may have to be limited in depth to provide essential elements. For example, short-term training courses may need to be provided while fully qualified personnel are being trained. Or periods of trial and pilot projects in a few representative agencies—for instance, a hospital, an outpatient department, or a health center—may be necessary to test realistic schemes. Immediate aims would be to improve nursing service and care; secondary aims would be to strengthen and demonstrate methods that could be applied in implementing the overall plan for meeting long-range objectives. In developing neighborhood health center programs in urban areas, for example, one or more of these principles have been applied for providing care while the

most appropriate means for extending health services to socially and economically deprived areas are being sought.

Priorities of Recommendations

As each recommendation is developed, it should be given a priority for action. Priorities must be based on considerations that reflect particular conditions and capabilities of the planning area, such as the following:

- Magnitude of the problem.
- Relative need.
- Allocation of scarce manpower resources.
- Available financial resources.

The survey, analysis, and assessment of existing needs and resources should demonstrate areas requiring particular attention. Specific priority factors can be selected by relating these needs to the objective of the planning activity and the resources available for meeting needs. The designation of priority recommendations provides a starting point for developing the plan of action.

For example, the priority recommendation of one planning group was directed to measures for securing advanced educational preparation for nurses in leadership positions, including both nurse faculty and nursing service administrators. Expansion in nursing education resources and improvement in the quality of nursing education was related to—in fact, depended upon—the availability and qualifications of the faculty. The improved utilization of nursing personnel in health care settings was directly related to the skills and preparation of nursing administrators.

The Plan of Action

The plan of action for nursing grows out of the in-depth study of nursing needs and resources and broad planning for nursing. The comprehensive plan provides guidelines for a rational system of nursing facilities, services, and manpower that embrace all aspects of nursing, including the service and educational components. A thorough plan details a coordinated and comprehensive overall program of action within a specified geographic area and designated sub-areas. It is addressed to both quantitative and qualitative needs. Patterns and methods of action in the improvement, expansion, and development of programs, facilities, and resources are prescribed.

Developing the Plan

When recommendations have been formulated and priorities have been determined, they are then incorporated into a definitive plan for meeting nursing needs. In developing the plan, attention is given to the following:

- Specifying goals, objectives, and policies for carrying out recommendations and suggested programs.
- Phasing activities so that resolution of problems requiring immediate action, on the short-term goals, leads to actions and measures for attaining long-range goals.
- Indicating the geographic location, agencies, institutions, organizations, or individuals to carry out each recommendation.
- Specifying a time span for achieving specific objectives or steps in the plan.
- Providing methods for evaluating progress in meeting objectives.

The plan of action builds upon existing institutions, services, and manpower resources. The diversity of needs, resources, and existing patterns of education and service must be dealt with; yet innovative approaches should be tried. Efforts in several directions at once may be required. In developing the plan, problems to be encountered in its phasing must be considered—as, for example, resistance to the introduction of new concepts. Measures to surmount potential obstacles must be worked out in advance and integrated into the plan.

Structure and Scope of Plan

The plan of action for nursing should begin with a statement of the purposes and the objectives, policies, or principles on which it is based. It should also contain the planners' objective assessment of the strengths and weaknesses of nursing service and education programs. From such an assessment, the needs are interpreted and substantiated. The plan should contain specifically the planners' assessment of the following:

- Trends in the nurse supply, nursing services,

nursing practice, and nursing education; and factors influencing the supply, preparation, and utilization of nurse practitioners.

- The specific needs related to nursing and its resources, based on study findings.
- The quantity and quality of nursing personnel required to meet current needs and future projected needs for nursing services; also the ratio or proportion of nursing personnel required to be prepared at each level.
- The criteria and standards for sound service and educational programs; and capabilities for the gradual improvement in these criteria and standards.

The plan for nursing should also specify the essential elements, mechanisms, and support required for implementing the specific measures that are directed toward program improvement and development. To insure meaningful progress toward established goals, the leadership, coordination, and cooperative relationships required among major health and educational resources for carrying out the plan should also be specified. The basic aspects of any plan of action for nursing should define or specify the following:

- The modifications necessary in legislative authorizations and administrative codes for improved health and nursing service and educational programs for the best use of manpower and facilities.
- The financial and budgetary support required from appropriating bodies for carrying out the plan. Cost items for each recommended area of improvement, development, and expansion are calculated and justified when possible; cost data are required, particularly when requests are to be submitted to the legislature for support.
- All sources of financial assistance and the percentage of support to be reasonably expected from feasible sources. This may include Federal or other assistance available for:
  - Construction of facilities.
  - Grant funds for the development and improvement of nursing service and nursing education programs.
  - Student loans and scholarships.
  - Payments toward operating costs.
  - Short-term and long-term traineeships.
  - Nursing research.
- Organizational mechanisms through which nursing may maintain active, appropriate, and effective communication with institutional managements and other allied health professions with respect to matters which affect the practice of nursing and the education of nursing practitioners.
- Mechanisms for involving nursing representation in the planning and coordination of health care systems, nursing services, and nursing education programs.
- Methods for applying research findings to the appropriate health care systems, nursing services, and nursing education programs.
- Investigations, studies, and research into nursing practice, the effective utilization of nursing personnel, and the education of nursing practitioners needed for attaining long-term goals.

Nursing Service Goals

Relating specifically to *nursing service*, the plan should—

- Designate the type and kinds of new or existing nursing service programs to be involved in the plan.
- Set priorities for the expansion, improvement, or development of nursing service programs.
- Prescribe administrative reorganization or new organizational mechanisms required so that the available manpower can be utilized with the greatest efficiency and economy.
- Prescribe utilization patterns for each type of nurse in varying work situations.
- Establish the boundaries of nursing responsibilities in relation to other health disciplines and overall health effort and health needs.
- Define new roles for nursing personnel and patterns of service for meeting health care requirements.
- Recommend changes in legislation relative to licensing laws to reflect the type of practice a nurse is prepared to carry out.
- Recommend measures to improve job satisfaction and employment and career incentives that contribute to the quality of nursing service, such as the following:
  - Personnel policies, practices, and procedures.
  - Working conditions.
  - In-service and continuing education.
  - On-the-job training.
  - Salaries and fringe benefits.

Nursing Education Goals

Relating specifically to nursing education, the plan should—

• Set priorities for the expansion and development of nursing education programs by type of program, to meet the specific demands of the area; also prescribe target dates for achievement of specific aspects of the plan.

• Designate geographically and by type of program the proper balance in the development of programs to include the following:

Number of additional nursing education programs needed, from the practical nursing program to the masters' and advanced degree programs.

Merging, transition, or closing of programs.

Potential for developing new and expanding existing education programs, including such resources as: (1) academic fields and institutional capabilities available to support each type of nursing program; (2) physical facilities; (3) clinical facilities; (4) student enrollment capabilities—minimum and maximum size of program; (5) student recruitment potential and demand to support program.

• Prescribe improvements needed in schools of nursing on the basis of criteria for sound education programs directed toward achievement of quality care, such as the following:

Qualifications of faculty.
Reasonable student-faculty ratios.
Clinical facilities, libraries, classrooms.
Curriculums, curriculum enrichment, and innovations.
Attainment of national accreditation.

• Recommend broad measures to support the plan and its goals, such as the following:

Utilization of resources from educational programs.
Recruitment activities and programs.
Measures contributing to improvement in career incentives.

Implementing the Plan

Plans for nursing may be no more than hopes unless practical means of implementing plans are found. Ultimately, implementation is done at the community level and requires creativity and leadership. To implement a plan, organization is still essential. Either the organizational structure used to develop the plan must be sustained or another structure identified or established to provide for coordination and follow-through on prescribed actions.

The implementation phase of planning provides the guidelines for action and directs the development of the overall plan. This requires adequate support and a mechanism for the following:

• Interpreting nursing trends and needs and providing information for local levels and autonomous units for cooperative efforts in implementing the plan.

• Stimulating the appropriate individuals and organizations to accept responsibility for action.

• Allocating the recomended actions to the different regional, local, or individual health organizations or institutions in the planning area who can initiate action programs.

• Designing the detailed programs for carrying out each specific recomendation needed to fulfill the objectives of the plan.

Continuous Planning

Ultimately, the success of planning is judged by the extent to which recomendations have actually been implemented and progress is being made toward meeting goals. There must be sustained communication, involvement, and evaluation to attain the goals of a plan of action for nursing. In addition, nursing needs and resources must be reassessed periodically to meet changing needs for nursing services and to balance nurse supply and demand.

The results of planning must be fed back into replanning to effect a continuous process for maintaining and improving the nurse supply and nursing resources. Some type of mechanism must be established for continuous planning for nursing to accomplish the following:

• Ascertain progress in implementing recommendations and developing action programs.

• Determine whether the implemented activities or actions are achieving their intended purpose.

• Evaluate whether the activities or actions should be continued.

• Suggest modifications that would better meet goals.

- Periodically re-examine the resources available in order to assess the degree and direction of change.
- Identify areas still needing continuing action and additional or expanded effort.
- Project estimates of the planning area's nursing needs farther into the future.
- Determine the emerging areas that need intensive study.

Planning groups should assume responsibility for stimulating the development or establishment of some mechanism for continuous planning for nursing. Some planners assign responsibility for continuous planning to a specific agency or institution. Other planners appoint a committee composed of members of the organizations sponsoring planning to assume this responsibility. A number of States have continuing joint planning committees of, for example, the State nurses' association and the State league for nursing. These committees function to implement the recommendations of study groups, to continue to aid in planning, and to stimulate planning and development.

An existing mechanism for continuous planning acts as a vehicle for recognizing the needs and demands of nursing as they develop, and precludes having a static plan. Nursing needs and resources and long-range goals must be extensively evaluated in 5-year periods so that adjustments can be made and future steps determined in terms of emerging trends in health services, nursing services, and nursing education. At such times the continuing committees, for example, may function to establish the mechanism for another in-depth study of nursing needs and resources.

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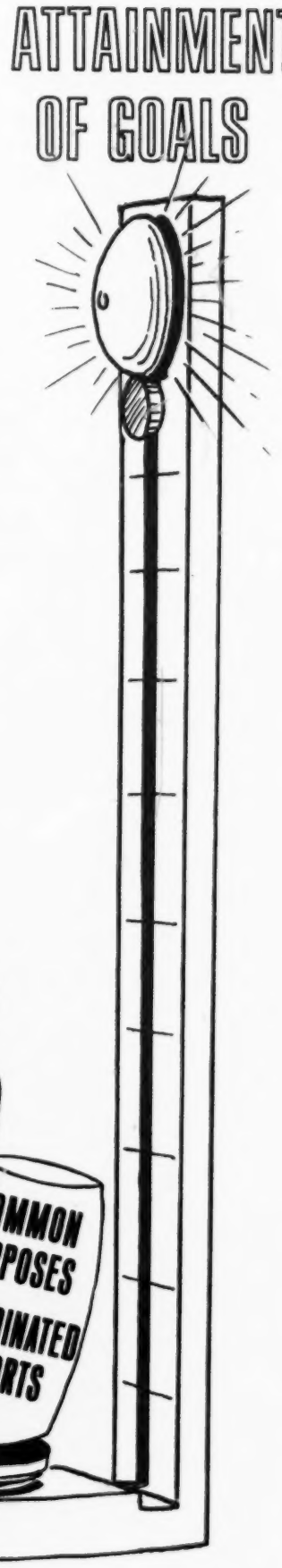
SHARED DECISIONS
Ideas for improvement in programs and resources


ATTAINMENT OF GOALS
COMMON PURPOSES
COORDINATED EFFORTS

Chapter 6

Factfinding

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UNDERSTANDING
OF NEEDS OF
NURSING
EXPERIENCE
Reports
Studies
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Survey data

Chapter 6

Factfinding

Planners develop a plan for nursing on the basis of their knowledge and understanding of the resources and needs of nursing in the planning area. Because planners represent a mix of leadership talent—from education, business, industry, health fields, and the general community—they need a wide range of statistics, data, and background material. Such information must be developed and disseminated to provide facts about nursing, about the diverse factors bearing on needs, and about the feasibility of meeting those needs. This is called the factfinding phase of planning. It incorporates these procedures: (1) collecting and analyzing data; (2) conducting special surveys, studies, and research; (3) using educational and informational materials and devices; and (4) soliciting facts and information from persons knowledgeable in particular areas of endeavor.

Providing for Factfinding

For the factfinding phase of their work, planning groups make various provisions, depending upon the availability and competence of staff or other resources. Data collection is a technical operation that requires a good understanding of the subject to which it is applied; therefore, a knowledgeable group is needed to assist in collecting and interpreting the data. Often statisticians or specialists from other health and related fields must be called in.

To guide data collection and analysis, ad hoc or special committees are often appointed. If statisticians or a technical staff are provided, the members of the ad hoc or special committee specify the data requirements, supervise data collection, and assist as necessary in compiling, validating, and analyzing the data. Or sometimes this function is assumed by the members of the advisory or executive committee, who act as consultants to the planning project staff as required.

Some planning groups collect and assemble data as needed by particular planning committees. Other groups—early in the planning process—bring together, in a written report called a source book, data and information on the overall areas of inquiry considered essential for investigation. This source book is made available to all participants in planning. It serves to orient committee members, giving them essential background information for beginning their assessment of nursing needs and resources. The source book can have other useful purposes, as previously noted in chapter 4, page 43.

Data source books and reports, when made available to technical committees *before* they meet, stimulate interest and active participation of committee members and reduce the time required for assessment. In addition, such source books compile relevant data and facts about nursing in an orderly fashion for current and future use.

As technical committees begin their assessment, they often identify subject areas for which data surveys may be necessary. The need for such special surveys and studies should be identified early in the planning or assessment processes, so that data and findings can be made available in time to contribute to the understanding, judgment, and decisions required for making recommendations. When the planning group or particular committees decide they need to undertake special studies, they should seek appropriate technical assistance from statistically trained people. If special studies are to be extensive, a full-time statistician should be hired. Part-time statistical assistance and consultation are often available from State or local health departments, universities, and health organizations, such as hospital associations, health planning councils, Blue Cross Associations, and health career councils.

Cooperative Arrangements for Factfinding

Factual and statistical information for planning groups has also been produced through various cooperative arrangements among segments of the health care industry, the professions providing health services, and the State agencies which share responsibility for planning and for the health care of its citizens. The factfinding phase of planning has been utilized, for example, as practical educational experience for university and graduate students who must learn how to identify problems and search out, collect, and analyze data for planning. Universities, health departments, and private industry have made sizable contributions to planning groups in data-processing services also.

Health agencies and institutions or professional groups—for example, the hospital association or department of mental health—often agree to carry out special surveys or studies pertinent to their fields of interest. Such arrangements indicate the cooperation and involvement required for developing a coordinated long-range plan for nursing.

Data Processing

With the advent of the computer and other mechanical means for transforming data from their raw state to a finished product, most—if not all—of the data collected in a planning activity will be processed by mechanical or electronic equipment. Of course, in very small data collections that involve answers to only a few questions from a small number of respondents, hand-processing may be preferable. In all other instances, however, machine-processing should be used; it is more precise, can be done more quickly and easily, and can yield a greater amount of information per dollar than can hand-processing. Moreover, machine-processed data can be permanently stored on cards or magnetic tape for re-use in the future. This is a particularly desirable feature because an initial planning study would, hopefully, lay the groundwork for the establishment of data information system for continuous planning. Such a system depends on an adequate information base consisting of data from previous years which could be periodically updated to establish trends and projections into the future.

Determining Data Needed

The first step in the factfinding phase of the planning process is to determine the basic and special data needed to meet the particular objectives of the planning activity. Data and information that will reflect as completely and reliably as possible the situation for which planning has been undertaken must be compiled and analyzed. Only on the basis of such information can a realistic evaluation be made and the indices of need be developed.

The purposes for which data are collected, the questions the data are expected to answer, and the guidance the data are intended to give to the planning group are specified when the study outline is prepared. (See page 16.) When the data are analyzed, conclusions are drawn in terms of the questions that have been posed and the planning goals that have been set. The development of a meaningful long-range plan for nursing requires data that will:

- Show past trends in nurse-manpower supply and the various resources that contribute to the supply, thus shedding light on what future trends might be.
- Reveal the dimensions of nurse manpower needs —past, present, and future—and provide clues to the various ways of meeting those needs.
- Describe the present nurse-manpower situation, including the supply and needs and the resources affecting supply and needs.
- Describe the socioeconomic framework within which nurse-manpower planning will be done.

Types of Data and Information Required

In planning for nursing, an adequate data base includes facts about the supply and distribution of nursing personnel; resources for producing the supply; and projections of future resources, supply, and needs. It also includes data on the socioeconomic characteristics of the area in which planning is being done, and the patterns and availability of total health services and facilities.

Although planning studies differ in their scope and objectives, a basic core of data will be common to all such studies. These data can be grouped into seven categories, as follows:

(1) Characteristics of the population, including its size, distribution, density, mobility, economic status, degree of urbanization, educational attainment, life expectancies, births, and deaths.

(2) Health status of the population, including morbidity and mortality rates and major health problems and needs.

(3) Existing health programs, facilities, and services, including hospitals, nursing homes, clinics, home health agencies, and other out-of-hospital facilities and services; their geographic distribution, ownership and control, methods of financing, and functional organization; and the identification of gaps in services.

(4) Indicators of the utilization and demand for health services as related to the financial resources for obtaining and providing these services and to the need for health manpower.

(5) Inventories of nurse manpower, including professional, technical, and auxiliary personnel; their characteristics, employment status, fields of practice, and geographic location. Inventories of other health personnel, their fields of practice, and their relationship to nurse manpower needs and utilization.

(6) Inventories of nursing education programs by type of program, control, geographic location, and the characteristics of these programs in relation to their students.

(7) Projections of future population, estimates of future needs for and planned expansion of health facilities, services, and educational resources.

The planning group will have to determine specific data requirements in these suggested areas relevant to the nature, scope, and specific objectives of their project. In addition to the requirements for basic quantified data, the needs of the participants in planning for information and other background materials in these areas should be considered. For example, non-nurse representatives or those not engaged in health fields may need to become acquainted with or knowledgeable about nursing, the structure of health and nursing services and their operation, trends in the development of health services and resources, and socioeconomic influences and their relationship to prevailing nursing conditions and needs.

Likewise, representatives of nursing and health fields may need to be made aware of trends and developments in the educational sphere or in other aspects of society affecting nursing. All members may need background information in special fields or about special situations.

Sources of Data and Information for Planning

Much, if not all, of the data needed to provide a meaningful framework for planning for nurse manpower will be available from existing sources (referred to in this guide as *existing data*). If, however, specific data to meet particular objectives of the planning activity are not likely to be available from existing sources, special surveys and studies may need to be undertaken to obtain such data (referred to in this guide as *original data*). For insight into some special nursing problems, research may also be essential.

Generally, a planning activity can be conducted without collecting extensive original data. The recommendations for action that stem from planning can usually be derived from existing data and a few uncomplicated surveys. Planning decisions seldom require the degree of precision and validity of supporting data acquired through research. Research conducted as a part of planning is usually directed to the accomplishment of long-term planning goals and is concerned with the development and improvement of tools for nursing administration, service, and education.

Existing Data

Existing data required for planning for nursing relate particularly to the socioeconomic characteristics of the area, the health services and facilities available, and the nursing and related health manpower supply and distribution.

Basic data on population, general morbidity and mortality patterns, health facilities, health services, and health manpower are collected, coordinated, and synthesized from periodically conducted inventories, surveys, or reports on the routine service functions of

health facilities and agencies. For example, in most States, health departments regularly collect and sometimes publish data on population, births, deaths, mortality and morbidity statistics, as well as services provided by health agencies.

Also, existing data useful in planning for nursing can sometimes be found in the reports and studies of other planning organizations. Health facilities planning has been conducted by hospital councils and similar agencies for many years. Planning activities under the Comprehensive Health Planning (CHP) program, although of recent origin, should soon make available data that are pertinent not only to planning for nursing but also to planning for total health, into which planning for health manpower should be fitted.

In addition to data that exist in published form, a considerable amount of data exists in raw, unpublished form. These data can often provide a wealth of information if brought together by the planning group in tabulated form. For example, many State boards of nursing have considerable information derived from the licensure process for registered nurses and practical nurses and from accrediting or approval procedures for schools of nursing. Tabulation of statistical information gathered in connection with licensure can include considerable data on the characteristics and working situation of nurses. Some States collect this information on licenses routinely. Information from schools of nursing pertinent to the work of planning groups may include the following: physical condition of schools, their capacity for expansion, clinical facilities, faculty, and the delineation of problems concerning recruitment and retention of students.

Special surveys and studies sponsored by governmental agencies, universities, health agencies, research institutes, and community organizations can provide pertinent data and clues to present health and nursing conditions and change over the years. Further information to facilitate planning can be found in the findings of research in nursing and other fields related to questions under study. Since 1960, studies of health manpower covering a wide variety of subjects have been undertaken in many areas. Indexes to research are included in appendix 2.

In addition, information contributing to the analysis and interpretation of data and to understanding and assessment of the nursing situation can be obtained by observation, consultation, and through the use of resource persons with knowledge in special areas or fields related to planning for nursing.

Publications in health and other social welfare fields over the years have also provided valuable guidance in the study of subjects significant to the improvement of nursing service and nursing education. This literature covers a wide range of activities concerning nursing. Selected articles, reports, books, and other publications are listed in appendix 2. Planners may find them of value in understanding and evaluating the nursing situation, in identifying trends, in projecting future directions and needs, and in formulating recommendations and developing action programs.

Two publications of the Division of Nursing, U.S. Public Health Service, are essentially compilations of data from existing sources that can provide a useful framework for planning for nursing. The two publications, *Community Planning for Nursing in the District of Columbia Metropolitan Area* and *Source Book for Community Planning for Nursing in South Dakota,* consolidate a large amount of statistical data in the seven areas discussed previously. (See page 63.) Available from the Superintendent of Documents, U.S. Government Printing Office, these publications can be very helpful in pointing out to a planning group the kinds of existing data that are useful in planning, and the sources of such data.

Also helpful in identifying existing sources of data is the material contained in appendix 3, which lists the major data areas and sources useful to planning.

Using Existing Data

The use of data from existing sources presents few problems and precludes elaborate, time-consuming data collection. Use of these data involves the following: (1) identifying their sources; (2) assessing their relevance, timeliness, and accuracy; (3) abstracting the data from the original sources for use in the planning documents in a way that would be most meaningful to the planning group; and (4) analyzing the meaning and implications of the data in terms of the planning objectives.

Identifying Sources

All of the agencies, organizations, or private individuals participating in planning can identify sources of data. At the beginning of the data-collection activity, it is important that all other sources of existing data be identified, and that agencies and planning bodies be located and queried as to the availability of data useful to planning for nursing. These agencies and planning bodies would include not only those in the

field of health but also those in related areas, such as welfare, education, and urban redevelopment, as well as manpower planning for other industries. Planning activities in areas seemingly unrelated to health manpower planning can sometimes shed useful insight and provide valuable data for nurse manpower planning. For example, inadequate transportation links can create difficulties in manpower recruitment, particularly for health institutions that are located in suburban areas and are dependent on the central city for sources of supply. References to mass transportation plans may be essential for improved planning for the location of health services and to make meaningful projections as to the availability of manpower.

Assessing, Analyzing, and Abstracting

Existing data should be carefully selected, analyzed, and studied. Some data from existing sources may not lend themselves to a definition and description of particular planning situations. Measures for assessing data and the limitations of data for planning purposes are briefly described in the next section, pages 66-68.

As data are collected, relevant information not available but deemed essential should be noted as areas for special surveys or studies or for which special consultants and resource people knowledgeable in particular areas relevant to planning may be utilized or required.

Existing data must not only be analyzed but also abstracted or summarized in a form readily usable by planning committees. Planning staff or those responsible for factfinding usually produce some type of report on designated subjects and particular areas of concern to the planning group.

Descriptive information, interpretation, and analysis of the data are usually presented in narrative form, interspersed with quantified data in statistical tables that clarify and highlight the findings or conclusions drawn from the data, and the implications. The detailed tabulations of statistical materials may be compiled in statistical tables for further analysis and for reference to particular items as may be necessary. All of these materials may be used later in the written documents and publications of the planning body.

It should be emphasized that some recommendations and implications for planning action programs may be suggested by the analysis of data, without need for further detailed assessment or study. The statistical surveys and analyses, however, are only a stage in the development of the plan, and should not be thought of as the end product of planning.

Original Data

Although, as mentioned, much of the data needed for planning will be available from existing sources, special problems may arise for which no existing data are available to provide appropriate guidance to their solution. Existing data may be too refined, of questionable validity, or out of date. Therefore, special surveys and studies may have to be undertaken to collect original data that will yield the information needed. Because these studies can be time-consuming and expensive, and require technical expertise, the value of the data to be gained from such studies should be carefully assessed before the studies are launched.

Methods of Collecting Original Data

Questionnaires, interviews, and observation are used to collect original data. Any one or all of these methods may be employed to gather data on the same subject.

Questionnaire.—The questionnaire, perhaps the most widely used method for original data collection, is the simplest type of data-collecting method to administer. It is also less expensive and time-consuming than other methods. The questionnaire is used to elicit data on the following: (1) *objective facts,* such as the number of facilities and services available and the number of personnel employed; (2) *behavioral variables* that may be of interest to planning groups, such as kinds of nursing activities performed; (3) *evaluations,* such as feelings about the quality of patient care; and (4) *specified events,* such as the time spent by nurses on clerical activities.

Interview.—The interview method is used where questionnaires cannot provide the depth of response required. The unstructured interview permits probing into the responses solicited to verify meaning and to obtain data in depth. The highly structured interview allows for the collection of standardized data and information and for probing to clarify and broaden responses.

Observations.—The observation method is used for studies in which evaluation is the primary objective or where data required are complex, are difficult to obtain, and need considerable interpretation. Such studies would include, for example, evaluating the

activities of personnel or the quality of their performance. Data are recorded in the form of an evaluative rating of what is being observed, a narrative description of what was seen, or as entries on a checklist. The use of this method requires considerable control over the observation to ensure reliability.

The various methods available for collecting original data cannot be described in detail here. Statistically trained persons who are recruited for the planning activity have knowledge of these methods. Also, many excellent books are available on data-collection and data-processing.

Special Studies

It is difficult to anticipate the kinds of special studies that may have to be undertaken for a specific planning activity. This will depend upon the nature of the problems encountered in the planning process, as well as the status of available data.

To mention but a few, special studies have been conducted in planning activities for nursing concerning the following:

Utilization of nursing personnel.
Nurse staffing.
Patient's needs for services.
Turnover of nursing personnel in employing institutions.
Interstate mobility among nurse manpower.
Job and career satisfaction and incentives.
Salaries and fringe benefits.
Processes of recruitment for nursing.
Nature of nursing school applicants and applicant experience.
Costs of nursing education to schools and students.
Costs of nursing services.
Inactive nurses.

Study techniques and methodologies developed for conducting special studies of particular aspects of nursing are referenced in appendix 2.

Research as Part of Planning

The identification of nursing situations and problems requiring research is a natural outgrowth of an in-depth assessment of nursing needs and resources. Planners recognize that methods of augmenting existing personnel resources must be developed both by exploring creative ways to utilize personnel and by developing procedures for education and training of personnel. Although the particular approach in each planning area must be guided by existing conditions, the development of nursing programs may depend upon study and research to determine the nature of the basic problem to be solved, the means for solving the problem, or the means for applying a solution already found.

Problems requiring formalized research are cited in the reports of many planning groups. Among these, for example, are the following:

- Discrepancies between current nursing practice and basic nursing education.
- Measures of the quality of nursing care and services.
- Effective information on recruitment and counseling programs and techniques.
- Career choices and motivation.
- Effectiveness of various financial and other incentives as a means of increasing nurse manpower.
- Evaluation measures and techniques for effectiveness of nursing service and nursing education programs.
- Processes for effecting change in personnel utilization and nursing programs.

Stimulating, promoting, or sponsoring nursing research geared to the particular needs of the planning area is an essential part of continuous planning. Research is required for attaining long-term goals concerned with the improvement of nursing care, nursing services, and personnel resources. References to Federal assistance programs in health research fields are listed in appendix 2.

Assessing Adequacy of Data and Data-Collection Methods

In the data-collecting process, the adequacy of the methods used, the quality of the data, and the relevance of the data to the planning activity should be assessed. *Flaws in collection methods and inadequacies in statistics can indeed modify the findings and the conclusions to be drawn from data.* Therefore, planners should be aware of potential distortions in statistics and error factors in collection methods.

The following four criteria should be applied to any method of data collection to evaluate its quality:

Validity: The degree to which the data-collecting method yields data that are relevant to the problems being investigated.

Reliability: The extent to which the method yields accurate or consistent data.

Sensitivity: The degree to which the data discriminate.

Meaningfulness: The degree to which the data possess practical significance.

Attention should be given to these major sources of error in data collection:

- Sampling error: Technically used to denote the difference between the value of a parameter of a universe and the value of the statistics derived from the sample of the universe.
- Observer error: Psychological bias or mistakes in rating on the part of observers.
- Response error: Failure of the respondents in a study to participate or to give accurate or complete responses.
- Data-processing error: Errors in collecting data, and inadequate editing or errors in coding, card-punching, tabulating, and programing data.

The extent of error in collecting data can be minimized and precise data can be obtained and skillfully interpreted if planners are critical about their data-collecting processes and provide for appropriate assistance as required for the following:

- Assessing existing sources of data.
- Determining the effect of the data-collecting methods on the data.
- Designing original data-collection instruments.

Limitations of Data

Planners also need to be alert to the potential limitations of data which tend to impede effectiveness in assessing needs and resources. One of the greatest problems in assembling available data for health manpower planning is lack of a coordinated statistical effort for the collection of data focused on planning. In addition, many gaps exist in data required for health planning. Some of the gaps are related to the need to develop study methods and statistical reporting systems, which are costly and difficult to produce. Until means for overcoming these deficiencies are found, planners must rely on their own knowledge, experience, and best judgment for making some of their planning decisions.

Existing Data

Existing data are secondary sources of data, and as such have certain limitations. For adequately defining particular planning situations and making relevant planning decisions, it is important that existing data be evaluated in terms of these possible limitations: (1) definition, (2) refinement, (3) accuracy, and (4) timeliness.

Definitions.—Definitions used in existing data may not correspond to the definitions of the planning project. An example of this is the term "manpower shortage." In some studies, "manpower shortage" may be defined as the number of vacant budgeted positions for health manpower. In other studies, "manpower shortage" might be defined as the difference between some optimal desired number of health manpower (based on criteria of what constitutes good health care) and the number actually employed in providing health care.

Refinement.—Existing data may be either too refined (detailed) or not refined enough to be of use for planning. Groupings of data in terms of one or more of its variables may not coincide with descriptive requirements of planning groups. Categories of data may be too broad, or data may be grouped into too many categories for defining a particular situation. For example, data on turnover of hospital personnel sometimes are not refined enough; they do not differentiate between the various categories of nursing personnel, as registered nurses, licensed practical nurses, and nursing aides. An overall turnover rate may disguise the fact that for nursing aides the turnover rates are very high, whereas for practical nurses the turnover rates are very low. On the other hand, census data on the age distribution of the population are too refined; they are broken down into 5-year groups. Broader age groupings may be more meaningful for health manpower planning.

Accuracy.—It is difficult to evaluate the accuracy of existing data. They may be incomplete or may have been inaccurate when originally collected. Such deficiencies may be undetected by the user of the data, particularly if the limitations are not made known.

Timeliness.—Data may be too old to be of value for making relevant planning decisions. There is often a 2- to 3-year lag between the time of collection of data

and the time of publication. The stability of data, however, should be assessed against the degree and rate of change in the factors which the data portray. When current data are not available, estimates of current data can be made by extrapolation and projection techniques that use a series of data from a number of previous years.

Gaps in Data.—As a basis for planning, data and statistics should reflect all components of the health care services and health manpower educational system and their relationship to one another. Measurements of the amount and quality of care and services provided are needed, as well as measurements of future needs. The major gaps in these data requirements for planning concern the following:

- Precise measuring techniques for evaluating the impact of demographic cultural and economic influences and change.
- Precise data and means for measuring supply needs.
- Uniform standards for programing and staffing.
- Incomplete reporting of data due to varying requirements for reporting data among health and educational agencies and political jurisdictions.
- Designation of data as confidential by the collecting agencies for reasons which they consider judicious for carrying out their programs.

Data Information Systems for Continuous Planning

To improve the availability and reliability of statistics, increasing recognition is being given to the need to develop cooperative arrangements and systems for the centralized collection, analysis, and retrieval of data and information required for continuous health planning. An area's nursing supply and needs and the resources for meeting needs could be appraised quickly and systematically if the necessary facts were gathered, tabulated, and analyzed on a continuous basis. Moreover, an information system for continuous planning would provide source data and other information for assessing progress in meeting planning goals and for shedding light on any needed revisions in the basic plan, in terms of new developments that had occurred.

The major kinds of data that should be collected on a continuing basis are as follows:

- Supply and distribution of nursing personnel.
- Nursing school admissions, enrollments, and graduations.
- Basic socioeconomic data relevant to providing a framework for analyzing nursing supply and resources.
- Projections of nursing supply and needs.

Planning groups should assume leadership and responsibility for stimulating and rendering active support in the development of a statistical health information system for continuous planning. In cooperation with other planning groups and with health and related agencies, nurse planning groups can guide and assist in the following:

- Determining the types and kinds of data needed for assessing nurse manpower needs and resources.
- Establishing procedures for collecting and analyzing nursing data.
- Securing the cooperation and collaboration of programs of nursing service and nursing education in the statistical information program.
- Achieving the accurate and complete reporting of required data by nursing agencies and institutions.
- Re-evaluating at regular intervals the data requirements; the availability of new data; and the procedures adopted for data collection, analysis, and retrieval.

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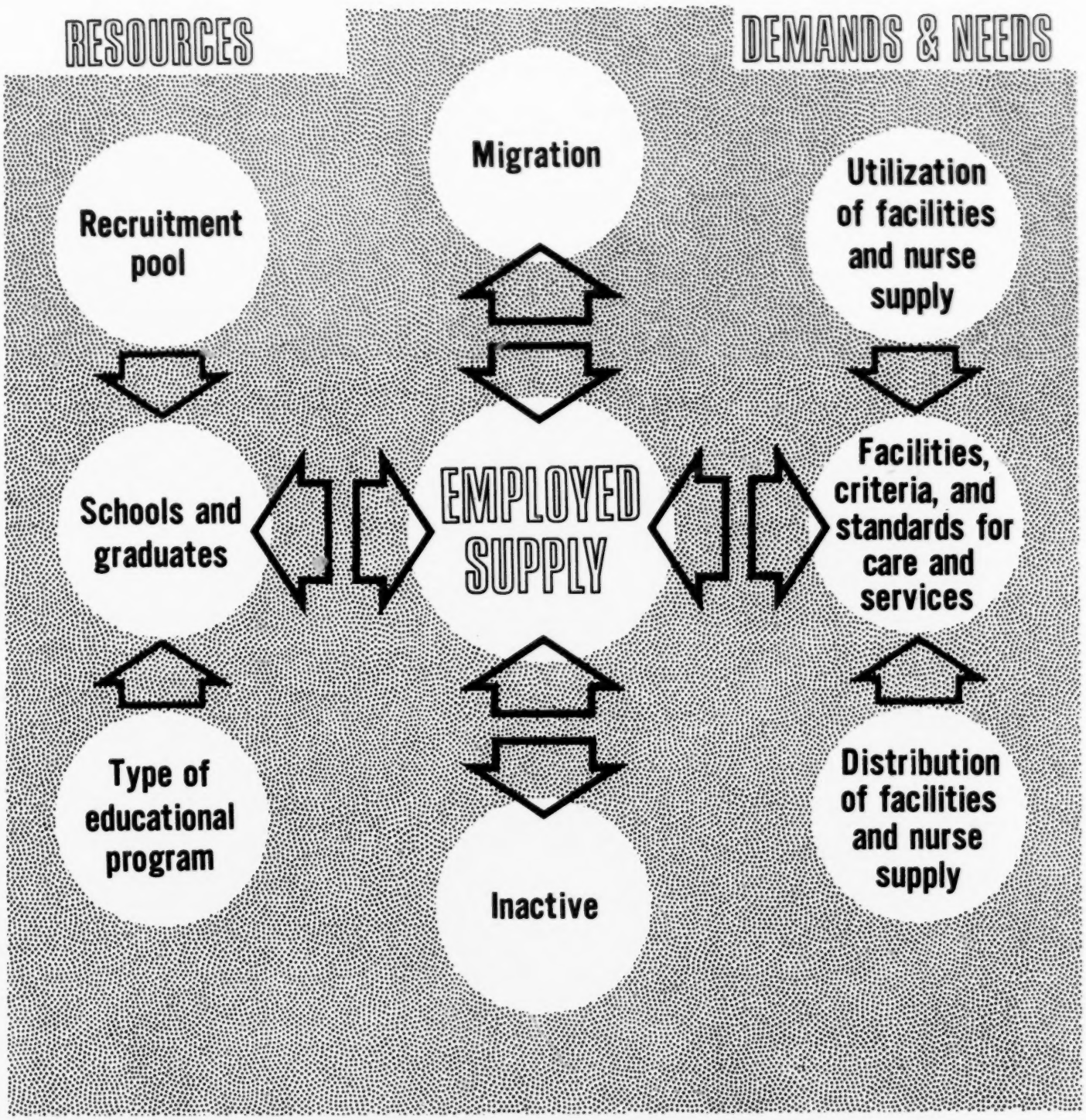
Chapter 7

Assessing Requirements for Nurse Manpower

FACTORS IN ESTIMATING NURSE MANPOWER REQUIREMENTS



Chapter 7

Assessing Requirements for Nurse Manpower

Manpower planning in any field cannot proceed logically without a careful assessment of manpower requirements, both qualitative and quantitative, and both current and future. Nurse manpower requirements must be measured in all nurse manpower planning projects, to provide a framework for assessing the adequacy of the supply of nurses. Furthermore, supply requirements must be determined for broad geographic areas as well as for particular fields of nursing and for the various types of institutions and agencies where nursing services are rendered or nursing programs are carried out. Such measurement is essential for setting goals, for developing meaningful recommendations, and for establishing guidelines to meet requirements.

Intelligent planning relates requirements for nurse manpower to available resources. Projections of future requirements should be supported by determinations that attainment is reasonably possible, and should indicate measures required for that attainment. Estimates of future supply provide a framework for assessing the likelihood of meeting requirements. In addition, perspective on educational resources necessary for meeting manpower needs and demands can be obtained by a careful examination of projected manpower requirements against projected manpower supply.

Concepts in Assessing Manpower Requirements

Measurement of manpower requirements falls into two broad classes: *demand* and *need*. Health manpower *demand* defines requirements primarily on the basis of economic factors. In other words, demand can be assessed by determining how many dollars are available from employers to pay for salaries as measured by the number of budgeted positions. Health manpower *need*, on the other hand, defines requirements by considering the standards, expectations, and values as determined by health professionals. Need can be assessed by applying criteria considered to produce optimal levels of nursing care or service. For clarity, throughout the remainder of this chapter, the words "demand" and "need" are used only in the context of these concepts of demand and need for measuring manpower requirements.

Demand for health manpower is derived from demand for health care; need for health manpower, from need for health care. To measure and project both demand and need for nurse manpower, ratios for current and future supply are usually derived. For example, both demand and need estimates of manpower requirements frequently use manpower-population ratios or nurse-patient ratios to express current requirements. Future requirements are then projected in terms of supply based on some aspect of the manpower-population ratio or nurse-patient ratio.

Ratios may be either a single aggregate ratio of all nurses to total population or a set of demand or need ratios for different areas of nursing. Ratios that use a single gross factor affecting manpower in determining requirements are termed "crude ratios." Ratios that consider more than one factor are termed "refined ratios."

Crude ratio projections, for example, assume that the only factor that will affect the future demand and need for nurse manpower is population growth. Refined ratio projections, however, go beyond the population factor; they embrace a set of ratios for different areas of nursing to determine overall needs. For example, such sets of ratios might consider the number of school nurses required based on the number of schools in the future; of office nurses required based on the number of physicians' offices in the future; and of hospital nurses required based on the number of patients in hospitals in the future. Detailed examples of various levels of nurse manpower requirements for

one State, using crude and refined ratio projection methods, are contained in *Source Book for Community Planning for Nursing in South Dakota,* referenced at the end of this chapter.

Methods for Measuring and Projecting Demand

Demand for nurse manpower is difficult to measure because of the variety of health services and nursing personnel from which demand is derived. The most popular method utilizes crude demand ratios, and even these may be imprecise measurements because of differences in the definition and perception of the single factor of measurement used. For example, differences in fiscal resources, in perception of need for personnel, in utilization patterns, and in availability of personnel resources lead to inconsistencies in the demand estimates of budgeted positions from one institution to another.

Other methods utilize refined demand ratios. To be precise, refined demand ratios need to be constructed with respect to the many interrelated demand variables such as philosophies toward care, institutional patterns relating to staffing patterns, and the volumes of health care rendered by the various health services in the planning area.

Measuring Current Demand

The usual approach to computing demand ratios is to measure demand by determining the total number of budgeted positions for nursing personnel. Staffing requirements are the total number of budgeted positions in each nursing service agency and institution in the geographic area for which planning is being done. The difference between the total demand (budgeted positions) and the actual supply represents manpower shortages (the budgeted vacancies).

Ratios of current demand for nursing personnel are computed by relating total budgeted positions (supply plus budgeted vacancies) to some population base. The population base could be total population or some selected segment, such as the number of people in hospitals, or the number of people 65 years of age and older.

Projecting Future Demand

The most widely used method for projecting future demand for nurse manpower is to apply ratios of current demand for nursing personnel to population projections at some future date. This method of estimating future demand assumes that current demand for nursing personnel will remain constant into the future and yields a projection of the status quo. However, changes in patterns of the delivery of health care in the future might result in significant shifts in the demand level for nursing personnel, which would not be reflected in the projection.

Methods for Measuring and Projecting Need

The most frequently used methods for assessing nurse manpower need are based on the application of a set of standards or criteria that quantitatively express desirable ratios of nursing personnel to the population served. Other methods focus on the need of consumers for nursing care as being the primary determinant of manpower requirements. Those methods, however, are extremely difficult to apply, are time-consuming, require an enormous research effort, and, in their present stage of methodological development, are impractical for determining overall need for planning purposes.

Measuring Need Based on Standards and Criteria

The application of standards and criteria in the assessment process was discussed in chapter 5. Methods of assessing nurse manpower need based on a set of standards and criteria require the derivation of staffing standards for determining the quantity and mix of nursing personnel needed to attain some optimum goal. Staffing ratios are determined and are applied as standards to the institutions and agencies in the planning area. Projections of need are then based on estimates of the number of persons seeking health

care at some particular point in time. Ideally, to adequately estimate nurse manpower need for a total planning area, different staffing ratios for the many different staffing patterns in the various fields of nursing are required. Approaches to the derivation and application of standards for estimating need include the following:

- Using existing staffing standards and ratios derived from previously conducted studies and research or determined as part of planning.
- Constructing desirable staffing ratios based on the knowledge, experience, and expert judgment of planners.
- Undertaking research programs to determine staffing patterns to be used as standards.

Standards Based on Existing Staffing Ratios

Standards based on existing good practice can be used as models for making projections. Previous surveys, studies, research or other planning activities may have derived staffing ratios that can be applied for projecting need. Or the planning group itself may derive staffing ratios through its own study or studies of existing staffing ratios.

A set of model institutions in which "good" nursing care is reported to be provided can be selected. The existing staffing ratios in these institutions can be determined and applied to all institutions in the population in which the assessment of nursing need is being made. For example, in 1948 the National League for Nursing Education selected 22 hospitals in the New York City area that were reputed to be well-managed and were providing high-quality nursing care. An intensive study was made of the nurse-patient ratios in these hospitals. (See reference at end of chapter). It was determined that the average ratio was 3.5 hours of nursing care per patient per day, of which two-thirds was provided by registered nurses and one-third by nursing aides, practical nurses, and others.

Similar studies could be made by the planning group in other fields of nursing. For example, "good" home health agencies could be studied and their staffing patterns determined; their patterns could serve as standards for projecting needs in all home health agencies.

Nurse-population ratios of geographic areas with high ratios can be used as standards. Registered nurse-population ratios existing in the individual States are estimated periodically from data obtained from the registered nurse inventories. Nurse-population ratios are also periodically estimated for counties and metropolitan areas, or can be derived from licensure data available from State boards of nursing. The ratios of the States that rank highest in their nurse population distribution or the ratio of any selected State or other area can be used as a standard. Need is thus projected on the basis of a selected optimum ratio that has been attained in another area.

Standards Based on Expert Judgment

Instead of current ratio projections, a set of desirable ratios based on assessment of future patterns of nursing care and their impact on nursing need can be developed. In this approach, planners and experts selected for this purpose construct a model of the future organization and delivery of nursing services. Criteria are developed based on value judgments for staffing and for the educational preparation that should be required for the various nursing positions in each field of nursing employment. By applying these criteria and staffing patterns to the appropriate hospital population expected, the projected number of nursing homes, the general population, and the number of students, it is possible to estimate the number of nursing personnel required for each field.

An example of the determination of national nursing need through the use of an expert panel was the Surgeon General's Consultant Group on Nursing, who reported their findings in *Toward Quality in Nursing*. (See reference at the end of this chapter.) In developing its estimates of nursing requirements for hospitals, for example, the consultants believed that the numerical ratio of nursing personnel to patients in general hospitals in 1963 would probably be adequate for 1970. The consultants also believed that distribution of nursing personnel giving bedside care should be 50 percent registered nurses, 30 percent licensed practical nurses, and 20 percent other nursing personnel, 50-30-20 mix instead of the then existing 30-20-50 mix.

A fuller description of the methodology is contained in Part VIII of *Health Manpower Source Book, Section 2,* Revised 1969. (See reference at end of chapter.) It is recognized that many of the criteria used, the judgments about the future status of nursing, and the predictions about the need for nursing care in the future, all represent the values and philosophies of the particular group of experts involved. However, a projection of nursing needs by this method attempts to free itself from the status quo and considers changes

that are likely to occur in health care, efficient staffing patterns in response to these changes, and the appropriate amount and mix of care. Such projections need to be re-examined from time to time to assess their continued relevance and meaningfulness.

Standards Based on Research

Numerous research projects can be undertaken to establish standards for determining nursing needs. Such studies would be aimed at determining staffing patterns that would optimize economy, efficiency, and quality.

Research conducted to develop optimum staffing patterns suggests that no single staffing pattern would be applicable to large groups of employing institutions. Factors affecting nursing requirements include, for example, the form of nursing organization, the efficiency of the organization, and the levels of educational preparation and experience of nursing personnel providing care. Attempts to yield methods that would incorporate the significant variables related to manpower requirements have not been definitive. Much of the research that could be conducted in the improvement of nursing practice and utilization could help in providing criteria for assessing nursing requirements.

Measuring Need Based on Requirements for Nursing Service

Methods of determining manpower need by assessing people's requirements for nursing service may be of interest to planning groups who have resources for having research conducted or who must determine requirements in particular areas. Nursing requirements can be aggregated from the assessment of the needs of consumers, which would include not only people who are ill but also those who are well, since everyone needs preventive care.

Some methodology is available for assessing patient requirements for nursing services. (See appendix 2.) These methods, however, are concerned only with people who are ill and whose needs for health care have already been identified; the objectives of the methodology are to classify the needs according to a scale of intensity of illness for purposes of allocating patients to different facilities or assigning staff. Among such methods are the various tools that have been developed to classify patients for hospital, nursing home, and home care, according to the intensity of their illness, and to translate these classifications to need for nursing personnel. A broader approach would assess comprehensive health care needs for all persons, regardless of whether they are patients. Although existing methodology is confined largely to determining medical needs, it is also possible to conceive of methodology that would determine nursing needs.

Selecting a Method

All of the methods that have been used to estimate nurse manpower requirements for the purposes of planning have limitations. All can be criticized. There is serious lack of precision in projection techniques. Much research is needed to improve methodologies. However, since estimates of current and future manpower requirements are essential to formulate rational goals and to provide guidelines for achieving these goals, planners must select some method or methods for measuring current and future manpower requirements. Such a selection will be conditioned by the following:

- The resources and capability of the planning group to compile and quantify relevant data.
- The method offering the best analytic framework for establishing requirements of the various institutions and agencies in the planning area.
- The areas or fields of nursing that may require an in-depth assessment of requirements for developing meaningful recommendations

The simplest approach is to base future estimates on the concept of economic demand. This method usually gives the most conservative estimate. Many planning groups find the most satisfactory approach is to use standards based on expert judgment. Planning groups might find it useful to examine what other planning groups have done in estimating future manpower requirements. A list of reports of planning groups is contained in Appendix 1.

Estimating Future Supply

The capability of planning areas to meet nurse manpower requirements, whether set by need or demand measurements, should be assessed. Although inadequacies are implicit in all methods for estimating the future nurse supply, the use of these methods can give indications of whether goals will be unmet, met, or exceeded. In addition, these methods can be used to determine requirements for reaching desirable goals.

The most frequently used methods for projecting nurse supply are as follows: (1) straight-line projection methods, which predict supply by applying trends of recent years to the projection date and which assume that increases in the supply will continue at the same rate as in past years; (2) "age-specific occupational employment rate methods," which consider the number of persons employed in the occupation by age and the number of persons qualified for the occupation or educational output.

The most accurate projections of future nurse supply are made by using a variation of the "age-specific occupational employment rate method" provided the projections are made for short periods and are frequently revised. Projections of the nurse supply are made by adding the expected output from education and training programs in the planning area to the current employed nurse supply after deducting attrition. Included are estimates for the number of nurses who leave the occupation through marriage, death, retirement, inactivity, or transfer out of the planning area.

Variations in the use of this gain-loss ratio method for projecting supply also permit determination of the number of graduations needed, supply replacements, and growth required to attain specified goals in the nurse supply. Such compilations can, for example, be related to and guide educational efforts in the following:

- The adequacy of existing and projected training facility capacities.
- The required number of admissions to educational programs.
- The required size of the future manpower pool for training.

A full discussion of the method of computation is contained in *Source Book for Community Planning for Nursing in South Dakota,* referenced at the end of this chapter. The use of the method as applied to national nurse supply projections is further discussed and illustrated on pages 125-144 of *Health Manpower Source Book, Section 2, Nursing Personnel,* also referenced at the end of this chapter.

Much research is needed to improve techniques for projecting supply. For more refined projections for planning areas, variables such as the following would need to be considered:

- Migration rates in and out of the planning area.
- The nature and size of the manpower pool for training.
- Changed conditions in the future affecting demand and need for nursing personnel.

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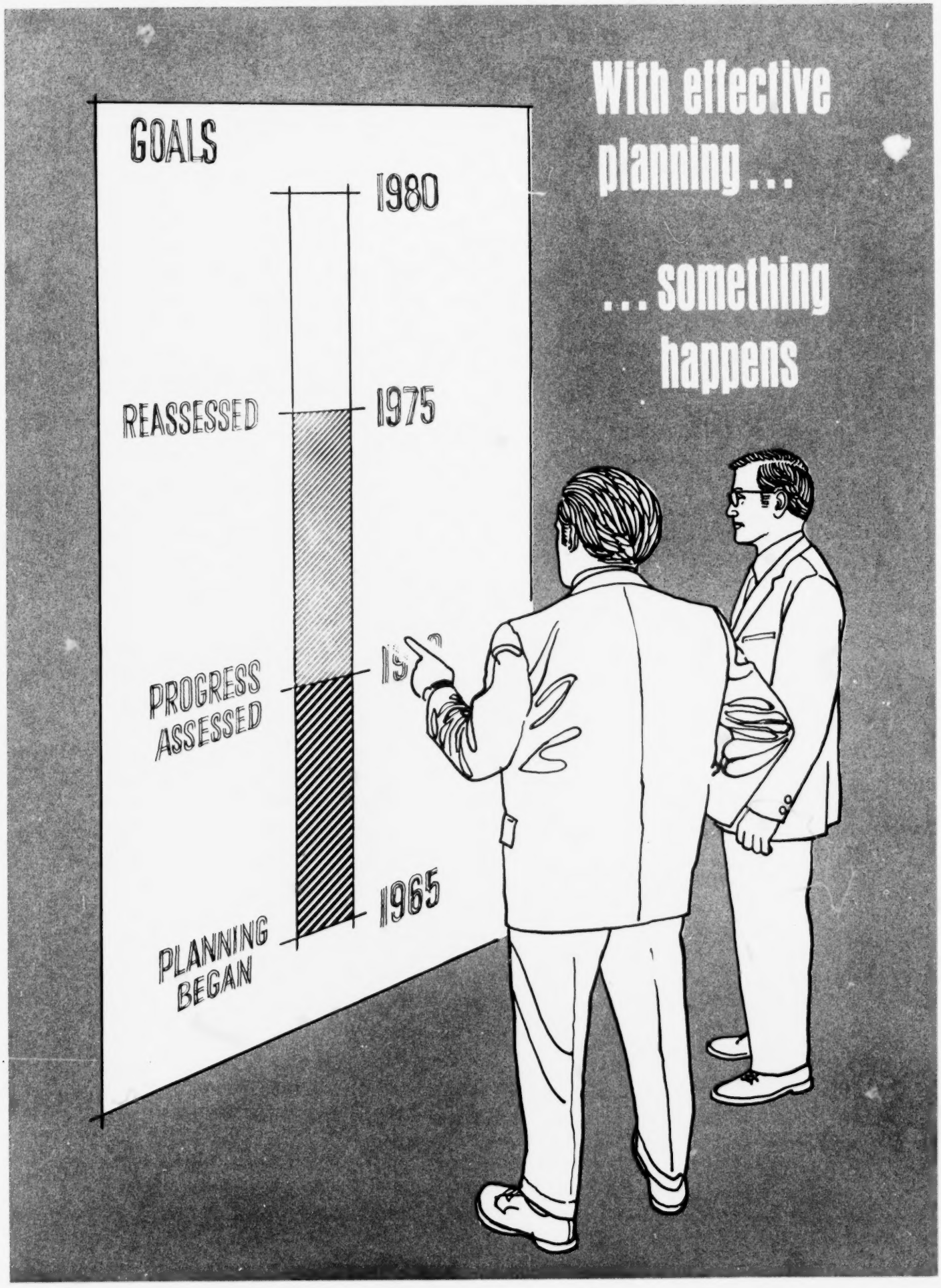
GOALS
1980
REASSESSED
1975
PROGRESS ASSESSED
19
PLANNING BEGAN
1965
With effective planning...
...something happens

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Appendix 1

Survey and Study Reports

This appendix lists references to reports of major or typical surveys and studies on planning for health manpower needs and resources that have been carried out in the United States. No attempt has been made to include all such reports; additional ones may be found for individual jurisdictions. The reports listed here document the many changes and advances since the 1920's in health and nursing services, health manpower resources, and nursing education. They also depict the progress made in meeting needs and demands for health and nursing services. In addition, they provide a way to evaluate the various measures taken to meet the needs and demands. And finally, they point to the many old and unsolved problems in nursing, as well as the new, emerging ones.

Appendix 1 is divided into two parts. Part 1 pertains to overall health manpower needs and resources; part 2, to nursing manpower needs and resources. Within each part, the oldest references—listed in the first section—are of historical interest. The references are arranged, within each section or group, in chronological order. Most are annotated. In the last section of part 2, blueprints for nursing education are defined and a few examples of State blueprints are referenced.

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Part 1

Needs and Resources in Overall Health Disciplines and Manpower

Historical Reports, 1925-38; National

FLEXNER, ABRAHAM.

1925. *Medical Education: A Comparative Study.* New York: Macmillan Co. 334 pp.

Flexner attempted to make a comparative study of medical education in certain European countries and in America, against the background afforded by the general educational and social systems of the respective countries. The theme of this book, on the clinical side, is that internal medicine is the controlling factor. The other branches of medicine are not considered unimportant, but Flexner believed that if a sound organization is perfected and if support can be obtained and the medical clinic is properly carried on, the requisite adjustments in other clinics will come about. Discussion of postgraduate education is not included because it presents other problems. Examinations for licensure are omitted from the discussion, although Flexner believed that if the general trend of his presentation was sound, the examinations for licensure would in time be adjusted. Flexner's book did much to show the way for a sounder and more scientifically motivated form of medical education in the United States. It was timely and forward looking in 1925, and even today is considered to be a distinguished report.

LEE, ROGER I., and JONES, LEWIS W.

1933. *The Fundamentals of Good Medical Care.* Chicago: University of Chicago Press. 302 pp. (Known as the Lee-Jones study.)

On behalf of the Committee on the Costs of Medical Care, Drs. Lee and Jones estimated health manpower requirements of the Nation on the basis of expert opinions on the amount of care needed to provide adequate preventive, diagnostic, and curative services. By computing treatment requirements for specific diseases and conditions, the authors found a total need for 134.7 doctors per 100,000 population, or 165,424 for the United States (a shortage of 13,000). Nurse needs were estimated at about 220 per 100,000 people, below the national supply but well over the ratio in many parts of the country. Needs for dentists were estimated at 99-179 per 100,000, compared with the existing ratio of 56. Lee and Jones doubted, however, that the Nation was economically able to support an increased supply of professional health personnel at that time. The authors concluded that the provision of adequate medical care depended more upon revision of organization and economic arrangements than upon increases in the number of personnel. (Excerpted from *Report of the National Advisory Commission on Health Manpower,* Vol. II, p. 265. Washington: U.S. Government Printing Office. November 1967.)

TECHNICAL COMMITTEE ON MEDICAL CARE OF THE INTERDEPARTMENTAL COMMITTEE TO COORDINATE HEALTH AND WELFARE ACTIVITIES.

1938. *The Need for a National Health Program. Report of the Technical Committee on Medical Care.* Washington, D.C. 36 pp. (multilithed).

"Reviewing health manpower requirements for effective modern health service, this Committee found that many areas of the country lacked an adequate supply of physicians, dentists, and nurses; and that even in better supplied areas, inability to pay for care frequently prevented full use of available personnel. The supply of physicians and private-duty nurses, if adequately distributed, appeared to be approximately sufficient to meet the current effective demand for service. Public health nursing suffered from an under-supply of personnel, especially in rural areas. The number of dentists was grossly inadequate to meet true need, although it sufficed to satisfy demand under current methods of payment. The committee called for development of a national health program to improve the attractiveness of practice in under-privileged areas and to lower economic barriers to the receipt of care." (Quoted from *Report of the National Advisory Commission on Health Manpower,* Vol. II, p. 265. Washington: U.S. Government Printing Office. November 1967.)

Reports, 1948-60; National

EWING, OSCAR R.

1948. *The Nation's Health: A Ten-Year Program; A Report to the President.* Washington: U.S. Government Printing Office. 186 pp.

"On the basis of the National Health Assembly's deliberations and of consultations with many persons in and out of Government, Federal Security Administrator Ewing reported to the President that it was not enough to meet present effective demand; we must assure people services for all their needs. As a standard of adequacy based on actual experience, Ewing proposed the level of supply already attained by the top 12 States —1 physician for every 667 persons (150/100,000), 1 dentist for every 1,400 persons (72/100,000), and 1 nurse (professional or practical) for every 280 persons (357/100,000). He cited specific shortages of psychiatrists, pediatricians, public health workers, and certain categories of supporting personnel.

"Simply to staff expanded health facilities planned under the Hospital Survey and Construction Act of 1946, to meet military and other Federal requirements, and to provide basic minimum services throughout the nation under an adequate system of prepayment for health services, we would have needed by 1960 a 40 percent increase in medical school graduates, a 50 percent increase in dental school graduates, and a 50 percent increase in the output of all types of nurses. Mr. Ewing recommended aiming first toward meeting the nation's minimum demand and, beyond that, pushing toward achieving the 12-state goal.

"As a means of promoting the needed expansion of training capacity for the health professions, Ewing proposed Federal aid of at least $40 million a year at the outset (more in subsequent years) for the construction of new or expanded schools, the operation of teaching programs, and a scholarship and fellowship program for students. At the same time, he recommended the Federal Government should encourage greater efficiency in the use of professional personnel through the further development of group practice, the wider use of supporting workers, the extension of refresher and postgraduate training courses, and other ways."

(Quoted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, pp. 267-268. Washington: U.S. Government Printing Office. 1967.)

MOUNTIN, JOSEPH W.; PENNELL, ELLIOTT H.; and BERGER, ANNE G.

1949. "Health Service Areas: Estimates of Future Physician Requirements." *Public Health Bulletin No. 305.* Washington: U.S. Government Printing Office. 89 pp.

"In this study, Dr. Mountin of the U.S. Public Health Service and his staff estimated requirements for physicians in 1960 on the basis of three possible measures of adequacy: To bring the total active physician ratios up to those of the top one-quarter of the inhabitants of the United States (146 per 100,000 civilians), the top third (136 per 100,000) or the top half (118 per 100,000). At 1949 rates of production, the expected supply of physicians in 1960 would have been 227,119. To meet the three standards, the nation would have required an additional 45,000, 34,000 and 17,000 physicians, respectively.

"For purposes of computing present physician supply, Dr. Mountin and his staff used health service areas outlined by them in the course of prior studies of the distribution of hospitals and the adequacy of available beds. These areas included health service districts (generally a nucleus county with its hospital center, surrounded by several adjacent counties whose hospital facilities were less advanced), and health service regions (several districts falling into a more or less broad trade area). Projections of future physician requirements were based on regional data.

"Because of the length of time required to expand medical school output, the authors noted, it would be a practical impossibility to meet even the smallest deficit projected (17,000 additional physicians) in the time available between 1949 and 1960. Allowing another decade for taking care of expected deficits, present medical training facilities would still have to be expanded considerably.

"The analyses presented by Mountin et al., were intended to illustrate methods of preparing physician estimates for some future date, if different assumptions were made, and to indicate possible location patterns for physicians. The authors noted that many forces now limiting effective demand for physicians in some areas would have to be removed or modified before the distribution of physicians would parallel more nearly the distribution of population."

(Quoted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, pp. 268-269. Washington: U.S. Government Printing Office. November 1967.)

HEALTH RESOURCES ADVISORY COMMITTEE (RUSK COMMITTEE).

1951. "Medicine, Mobilization and Manpower." By Howard A. Rusk, Chairman. Washington, D.C.: The Committee. 6 pp.

"Created at the outbreak of the Korean War to advise the National Security Resources Board on health resources essential during the period of national emergency, the Health Resources Advisory Committee in 1950-51 made a series of studies analyzing overall national needs for medical and health manpower. These included studies of requirements for physicians, dentists, and nurses for the period 1949-54.

"The Committee made three basic assumptions as to health needs. First, we should maintain 1949 staff-population ratios and services. Second, we should meet additional requirements of civil defense, industry, public health, rehabilitation, and teaching in medical, dental, and nursing schools. Third, we must meet the needs of the Armed Forces. The Committee also assumed that for the next 10 years the nation might be in a state of partial or complete mobilization.

"At existing levels of production, substantial deficits in supply of physicians and dentists were foreseen. Because of the time required to train these personnel, a straight increase

in school enrollments would meet only part of the need anticipated over the following few years. A larger increase could be effected by acceleration of classes ahead of the usual and current schedule, i.e., eliminating summer vacations. Even with both expansion and acceleration, however, supply was expected to fall behind need. The extent of the deficit by 1954 would be about 22,000 physicians and 9,200 dentists."

(Quoted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, pp. 269-270. Washington: U.S. Government Printing Office. November 1967.)

HEALTH RESOURCES ADVISORY COMMITTEE (RUSK COMMITTEE).

1951. "Dentistry, Mobilization and Manpower." By Leo J. Schoeny, Member. Washington, D.C.: The Committee. 10 pp.

See annotation above.

THE PRESIDENT'S COMMISSION ON THE HEALTH NEEDS OF THE NATION.

1952. *Building America's Health. A Report to the President by the President's Commission on the Health Needs of the Nation. Volume 1, Findings and Recommendations.* Washington: U.S. Government Printing Office. 80 pp.

The Magnuson Commission, as it is commonly known, was charged with making a critical study of the total health requirements of the Nation and recommending action required to assure an adequate supply of personnel, services, and educational resources to meet these needs in this time of mobilization and for the future. This summary volume discusses the major findings of the Commission, as well as an account of the premises and reasoning which led to the recommendations. Six different estimates of the total requirements for physicians, dentists, and nurses were projected to 1960. Federal aid to schools of medicine, dentistry, nursing, and public health for modernizing and expanding their physical facilities and for helping meet operating costs was recommended. The need for better utilization of professional personnel and the delegation of tasks to auxiliary workers is stressed. Shortages in certain paramedical fields were cited.

THE PRESIDENT'S COMMISSION ON THE HEALTH NEEDS OF THE NATION.

1953. *Building America's Health. A report to the President by the President's Commission on the Health Needs of the Nation. Volume 2, America's Health Status, Needs and Resources.* Washington: U.S. Government Printing Office. 319 pp.

This volume gives attention to the varied and extensive data on which the Commission based the conclusions and recommendations reported in volume 1. Much of the material comes from the discussants at 25 panel meetings and seven joint panels in which experts on various phases of the health needs of the Nation presented views and evidence. Included also are the information and reference materials collected by the technical staff to the Commission. This volume outlines the diversified picture of health needs, facilities, and resources presented to the Commission, including important health needs related to special health problems and population groups.

THE PRESIDENT'S COMMISSION ON THE HEALTH NEEDS OF THE NATION.

1953. *Building America's Health. A report to the President by the President's Commission on the Health Needs of the Nation. Volume 3, America's Health Status, Needs and Resources. A Statistical Appendix.* Washington: U.S. Government Printing Office. 299 pp.

This volume presents the statistical materials drawn from many sources on the health status of the American people, on health personnel and facilities, and on utilization of health services. It is a statistical appendix to volume 2. Included are data on nursing personnel and supply and nursing education for 1951 and 1952. This volume is a good example of the varied kinds of statistical evidence available and required to support an in-depth study.

HEALTH RESOURCES ADVISORY COMMITTEE.

1955. "Mobilization and Health Manpower." Report to the Director of the Office of Defense Mobilization by the Health Resources Advisory Committee. 50 pp.

"This report summarized some of the more important findings of the Health Resources Advisory Committee of the Office of Defense Mobilization on health resources and potentials in the United States, and the effects of military mobilization on specific sections of the whole. The Committee foresaw a declining ratio of physicians and dentists to population by 1960, and many unmet demands for nurses. Despite improved utilization of health personnel by the Armed Forces, military requirements continued to be high in relation to those of the civilian population. . . . Among the areas of greatest need would be medical and dental school staffings, hospital staffing, public health activities, and civil defense programs." (Quoted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, p. 271. Washington: U.S. Government Printing Office. November 1967.)

HEALTH RESOURCES ADVISORY COMMITTEE.

1956. *Mobilization and Health Manpower: II.* A report of the Subcommittee on Paramedical Personnel in Rehabilitation and Care of the Chronically Ill. Report to the Director of the Office of Defense Mobilization by the Health Resources Advisory Committee. Washington: U.S. Government Printing Office. 87 pp.

The primary findings of the subcommittee, which compiled extensive data on supply and resources of paramedical personnel, were, in part, as follows: (1) "An undetermined number of Americans suffering from physical disabilities and chronic illness were in need of services provided by physical therapists, occupational therapists, social workers, clinical and counseling psychologists, speech and hearing therapists, rehabilitation counselors, and nurses. Identifiable trends indicated that this number would increase. (2) There were not enough paramedical personnel of the types indicated to meet existing needs or expected future needs. (3) The supply of personnel and the level of their training did not constitute an adequate mobilization base."

It was thought that the program for the training of paramedical personnel being carried out mainly by the Office of Vocational Rehabilitation and the Public Health Service were sound and well administered. No new Federal legislation for training paramedical personnel was needed at that time to meet national needs, and a mobilization base could be achieved through continuing and increased support of existing Federal programs. In case of a national disaster, Federal aid could be substantially increased within the framework of ongoing programs.

(Excerpted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, pp. 271-272. Washington: U.S. Government Printing Office. November 1967.)

U.S. Department of Health, Education, and Welfare. Office of the secretary.

1958. *The Advancement of Medical Research and Education Through the Department of Health, Education, and Welfare.* Final Report of the Secretary's Consultants on Medical Research and Education. Washington: U.S. Government Printing Office. 82 pp.

Commonly called the Bayne-Jones report, this document contains a set of principles and expresses a philosophy that was to provide important guides to the development of the medical education and research matters of the Department of Health, Education, and Welfare. Included are some broad conclusions relating to the future of medical research—conclusions that would provide useful guidelines for the development of public policy in these fields during the next several years.

U.S. Department of Health, Education, and Welfare. Public Health Service.

1959. *Physicians for a Growing Nation. Report of the Surgeon General's Consultant Group on Medical Education.* PHS Pub. 709. Washington: U.S. Government Printing Office. 95 pp.

This report of the Consultant Group is commonly known as the Bane report. The group assessed the quantitative and qualitative needs for and the supply of physicians against the backdrop of socioeconomic change, technological advances, and trends in health care and services. They projected the number of physicians required by 1975, and made specific recommendations regarding the quality of medical education, the development and expansion of educational facilities, and the recruitment of students. The report set future goals for medical education, and defined the supporting role of the Federal government in aid for construction of facilities, operating expenses, and student educational grants.

The Committee of Consultants on Medical Research.

1960. *Federal Support of Medical Research.* Report of the Committee of Consultants on Medical Research to the Subcommittee on Departments of Labor and Health, Education, and Welfare, of the Committee on Appropriations, United States Senate. Washington: U.S. Government Printing Office. 133 pp.

This committee was asked "to determine whether the funds provided by the Government for research in dread diseases are sufficient and efficiently spent in the best interests of the research for which they are designated." The consultants on the committee concluded that Federal funds provided for medical research, while substantial and efficiently used, are not sufficient for full utilization of the country's medical research potential in the national effort to attain solutions to the problems of serious disease. The report is commonly referred to as the Jones report.

Reports, 1962-70; National, Regional, State and Territorial

National

The President's Commission on Heart Disease, Cancer and Stroke.

1964. *Report to The President: A National Program To Conquer Heart Disease, Cancer and Stroke.* Vol. 1. Washington: U.S. Government Printing Office. 114 pp. (Known as the DeBakey Report.)

Manpower needs for the prevention and control of heart disease, cancer, and stroke were viewed by the Commission as inseparable from manpower needs for medical care, generally. A full-scale attack on these three diseases would require expansion of the entire work force in health services. Although shortages existed across the entire range of health occupations, the physician supply was deemed the most critical element.

Because needs for trained health manpower were so great as to be unattainable during the decade, the Commission recommended a twofold program. First, the greatest efforts should be made to utilize present manpower resources in the most effective way possible. Secondly, the Nation should immediately begin a massive program for the training of additional physicians, dentists, nurses, and other health personnel as rapidly as possible.

Among the Commission's specific suggestions for strengthening manpower resources were increased Federal appropriations under the Health Professions Educational Assistance Act, a new program of support for the creation of 2-year medical schools, project grant support for health careers education and recruitment activities, and Federal scholarships for medical and dental students. The Commission also recommended expansion of Federal support for undergraduate and advanced clinical training in heart disease, cancer, and stroke; more investment in the recruitment and training of health technicians and other paramedical personnel; and development of a Public Health Service health manpower unit for continuous assessment of manpower requirements for health services.

(Excerpted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, pp. 274-275. Washington: U.S. Government Printing Office. 1967.)

COGGESHALL, LOWELL T.

1965. *Planning for Medical Progress Through Education.* A report submitted to the Executive Council of the Association of American Medical Colleges. Evanston, Ill.: The Association. 107 pp.

"This report briefly outlines the perspective within which American medical education has developed, the major trends related to health care that are now emerging, and their implications for medical education and the work of the Association. The report gives specific attention to the past and present roles of the Association, and the steps the Association should take to channel its future development along the lines that will enable it to provide the positive and effective leadership that the field of medical education will inevitably require in the years and decades immediately ahead." A bibliography is included.

AMERICAN MEDICAL ASSOCIATION.

1966. *The Graduate Education of Physicians. The Report of the Citizen's Commission on Graduate Medical Education, Commissioned by the American Medical Association.* John S. Millis, Chairman. Chicago: The Association. 114 pp.

In this report of an external examination and thoughtful, extensive study of problems in graduate medical education today, this phase of medical education—a process of specialization—is recognized as the larger portion of the formal education of the physician. Recommendations for improvement in this education and mechanisms for their implementation are pointed at the core problems of the need for (1) emphasis on training physicians for cooperative effort for optimum, continuous, comprehensive health services and patient care; and (2) better adaptation of education and practice to the specialization made necessary by greater knowledge and skill.

Creation of a "primary physician" for first contact practicing in a group arrangement is recommended, and a program for his education is suggested. The report recommends that general medical education terminate at graduation from medical school and that internship, residency training, and graduate education be a unified sequential program of progressive education. A Commission on Graduate Medical Education is recommended to design educational programs, establish standards, supervise graduate training, and assess the quality of graduates.

Other areas requiring further deliberation for solution are pointed up. The report is a valuable tool for reshaping the course of medical education for the future to insure increased excellence.

(Excerpted from a review by William A. Sodeman, M.D., Dean, Jefferson Medical College, in the *Journal of Medical Education*, 42:88-89. January 1967.)

HARVARD UNIVERSITY PRESS.

1966. *Health is a Community Affair. Report of the National Commission on Community Health Services.* Cambridge, Mass. 252 pp.

This is a report of a 4-year study sponsored by the American Public Health Association and the National Health Council on the provision and delivery of community health services. Comprehensive analysis and assessment of resources, needs, and demands for services were carried out by six national task forces, 21 community health studies, and four regional health forums attended by 1,000 community leaders. Critical issues are raised, positions taken, and recommendations made, but methods of implementation are not specified.

The study covered many facets of hospitals, health and welfare agencies, the preparation of health and welfare personnel, health services and jurisdictional areas, accident prevention, family planning, urban design, and control of man's environment. The Commission called for support of diploma schools of nursing as a proven source of supply, and stressed the need for more registered nurses with degrees, two-year college graduates, and vocational or practical nurses. Prepaid group practice plans and the development of personal physicians who would emphasize health care were advocated. The report is a call to action.

(Excerpted from a review by Suzanne H. Freedman, formerly associate editor, *Nursing Outlook*. In *Nursing Outlook*, 15(7): 70-76, July 1967.)

NATIONAL ADVISORY COMMISSION ON HEALTH MANPOWER.

1967. *Report of the National Advisory Commission on Health Manpower.* Vol. I. Washington: U.S. Government Printing Office. 93 pp.

Established by President Johnson in the summer of 1966, this Commission was charged with developing appropriate recommendations for action by government and the private sector for improving the availability and utilization of health manpower. Recommendations deal primarily with present-day actions required to assure availability and quality of health care at a reasonable cost and as basis for the wise formulation of future plans. Key recommendations include widespread reshaping of American health care, the periodic relicensing of health workers, university supervision of the education of all health professionals, and mechanisms to force the inefficient institution or worker to improve or go out of business. It was recommended that nursing should be made a more attractive profession by such measures as appropriate utilization of nursing skills, increased levels of professional responsibilities, improved salaries, more flexible hours for married women, and better retirement provisions.

NATIONAL ADVISORY COMMISSION ON HEALTH MANPOWER.

1967. *Report of the National Advisory Commission on Health Manpower.* Vol. II. Washington: U.S. Government Printing Office. 595 pp.

This volume contains the key materials, data, and analytical reports which are the foundation of the Commission's study. This includes the original reports of the Commission's seven panels: Consumer; Education and Supply; Federal Use of Health Manpower; Foreign Medical Graduates; Hospital Care; New Technology; and Organization of Health Services.

NATIONAL COMMISSION ON COMMUNITY HEALTH SERVICES.

1967. *Health Care Facilities, The Community Bridge to Effective Health Services. Report of the Task Force on Health Care Facilities.* Washington: Public Affairs Press. 67 pp.

This Task Force examined all types of health care facilities for personal health care, their relationship to each other and to other community services, the factors influencing the health care facilities systems, its patterns of organization, and its shortcomings. It assessed the changing role and function of health care facilities, projected future availability, use, and demands for care.

NATIONAL COMMISSION ON COMMUNITY HEALTH SERVICES.

1967. *Health Manpower. Action To Meet Community Needs. Report of the Task Force on Health Manpower.* Washington: Public Affairs Press. 167 pp.

This Task Force foresaw a vast increase in coming years in the need for qualified health personnel at all levels of skill. It recommended actions at the local, State, regional, and particularly the Federal level. Effective planning for recruitment, education, and the use of personnel was urged, as well as improved health manpower statistics and information. Of particular concern was the need to assure adequate numbers of competent allied and auxiliary personnel. The use of non-physician health service administrators educated in schools of public health was stressed, and the establishment by the Federal Government of minimum requirements for licensure of personnel in all health professions was recommended. The Task Force concluded that nursing education should be carried out primarily in institutions of higher learning, and hospital schools should continue training nurses until sufficient associate degree and baccalaureate programs are developed. For producing adequate numbers of high quality health personnel, government support at all levels is required and Federal funds are of greatest importance. (Excerpted from a review in *Report of the National Advisory Commission on Health Manpower*, Vol. II, pp. 276-277. Washington: U.S. Government Printing Office.)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. BUREAU OF HEALTH MANPOWER.

1967. *Education for the Allied Health Professions and Services.* Report of the Allied Health Professions Education Subcommittee of the National Advisory Health Council. PHS Pub. 1600. Washington: U.S. Government Printing Office. 61 pp.

This report is primarily concerned with the problems of meeting needs for health manpower through education, but recognizes closely related needs for the effective use of personnel, the development of new categories of workers, and improvements in the organizational setting in which health services are provided. Trends and gaps traced in the supply of health manpower and educational program output points to a grossly inadequate supply. Need is noted for greater attention to the analysis of duties and qualifications required for the delivery of health services. Recommendations are made regarding the development of career ladders to reduce dead-end jobs in health occupations, improvement in methods to identify and recruit individuals into the allied health occupations, areawide planning, and the significance of licensing and accreditation. The appendix includes a list of State reports on allied health manpower, schools of allied health professions, and a State listing of the number of baccalaureate programs in selected allied health professions. (Excerpted from a review in "Credit Lines," *American Journal of Public Health and the Nation's Health*, 58(1): 204-205, January 1968.)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

1968. *Report of the Secretary's Advisory Committee on Hospital Effectiveness.* Washington: U.S. Government Printing Office. 37 pp.

Charged with advising on action required to improve the performance of hospitals as a functioning mechanism and com-

munity health service, this Committee made a few specific recommendations but pointed up priority areas for creating public pressures for action. Improvement of hospital effectiveness was seen to lie in better planning for health facilities and services; in a licensing or franchisement system with authority to effect needed improvements by controlling the flow of public funds to health facilities and services; in improving the internal management of health care institutions, inlcuding participation in management by physicians; in broader benefits and stronger regulations of carriers; and in capital financing and reimbursement methods that will provide incentives for efficient management of the health care system. (Excerpted from "Credit Lines," *American Journal of Public Health and the Nation's Health*, 58(7): 1311-1312. July 1968.)

THE CARNEGIE COMMISSION ON HIGHER EDUCATION.

1970. *Higher Education and the Nation's Health: Policies for Medical and Dental Education.* New York: McGraw-Hill Book Co. 130 pp.

This publication—a special report with recommendations by the Carnegie Commission on Higher Education—is concerned with more and better health manpower, particularly at the level of physicians and dentists. The areas covered include the crises in health care delivery and health manpower, medical education today, financial support, the future of health care delivery, and the future of health manpower education. Goals to be achieved by 1980 are outlined.

Regional

HEALTH MANPOWER STUDY COMMISSION.

1966. *Health Manpower for the Upper Midwest. A Study of the Needs for Physicians and Dentists in Minnesota, North Dakota, South Dakota, and Montana.* Sponsored by the Louis W. and Maud Hill Family Foundation, St. Paul, Minn. 135 pp.

Long-range planning for meeting the regional needs for educating physicians and related health manpower prompted this in-depth study and assessment of the characteristics and distribution of physicians and dentists, their services, and educational resources in the four-State area. Needs and demands for physicians are projected to 1975. A brief analysis of growth in the number of nurses in the four States is included.

State and Territorial

ALABAMA

DUNBAR, JOHN.

1965. "Expanding Needs in the Paramedical Professions." *University of Alabama Extension News Bulletin*, No. 23, pp. 1-3 (August).

This is a report on estimated needs and job openings for health professionals and assistants to professionals obtained through interviews conducted by the Health Careers Council. The greatest need for professional personnel was for nurses. Needs for all types of sub-professional personnel were twice as great as those for professionals.

ALASKA

CLARK, DEAN A., M.D., and associates.

1965. *Health Service Resources, a Profile of the State of Alaska.* Prepared for the Western Interstate Commission for Higher Education. Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pa. 53 pp.

This is a report of a survey of the numbers and ratio to population of professional, technical, and other categories of health workers in the State of Alaska. Comparisons with the U.S. average reveal considerably lower ratios to population in Alaska than in other States for practical nurses, midwives, pharmacists, dietitians, dentists, and optometrists.

ARIZONA

ARIZONA HEALTH SERVICES EDUCATION ASSOCIATION.

1966. *Arizona Health Services Education for a New Era of Health Care.* Phoenix: The Association. 55 pp.

In 1965, as part of the Association's planning program for the expansion and development of health service education, a comprehensive health manpower survey was conducted by questionnaires, telephone calls, and personal interviews. It covered health institutions, schools, major industries, and private practitioners. Manpower needs and educational gaps were identified and recommendations made for meeting requirements. Among 24 professional, technical, and auxiliary health occupations surveyed were those in the fields of nursing, medical records, dentistry, X-ray, laboratory, physical therapy, occupational therapy, social work, and dietetics. It included medical and surgical technicians and assistants.

ARIZONA STATE EMPLOYMENT SERVICE. MANPOWER RESEARCH AND ANALYSIS SECTION.

1968. *Arizona Medical Manpower.* Research and Information Series No. OCC-1-68. Phoenix: The Service. 28 pp.

National as well as local trends are examined in an attempt to identify some of the factors contributing to the current shortage of trained medical health manpower, to determine the extent of present needs and future needs to 1975, and to suggest possible ameliorative resources.

ARKANSAS

THE COMMISSION ON COORDINATION OF HIGHER EDUCATIONAL FINANCE.

1968. *Personnel Needs in the Health and Adaptive Behavioral Problem Service Areas in Arkansas. Report of Phase I: Manpower Project: Health and Related Services.* Little Rock, Ark. 124 pp.

This report was prepared for use by institutions of higher education in program planning and development for meeting State requirements for health and related personnel. This phase of a 3-part study presents State needs for professional and semi-professional personnel requiring education above the high school level for services in health care and adaptive behavioral problems. Quantitative regional service needs for optimum care by this type of manpower were identified for 1967 and projected to 1972 and 1977.

CALIFORNIA

CALIFORNIA DEPARTMENT OF EMPLOYMENT.

1964. *Medical Service Job Opportunities, San Francisco, Bay Area, 1964-66.* San Francisco: The Department. 82 pp.

Job shortages and future training needs were identified for 107 health occupations through a skill survey conducted in January 1964. The survey covered 1,100 health establishments, the numbers employed in each occupation, and needs for the next 2 years. It revealed previously unidentified demand in the central cities in a wide range of medical occupations. The largest occupational category was nursing.

CALIFORNIA DEPARTMENT OF EMPLOYMENT RESEARCH AND STATISTICS SECTION.

1965. *Manpower for California Hospitals, 1964-1975.* Prepared for the Commission on Manpower, Automation, and Technology (COMMAT). COMMAT Report No. 65-6. Sacramento: Department of Employment. 61 pp. (processed).

The health facilities studied included hospitals, nursing homes, and convalescent homes. Data on the number of beds and empolyment in these facilities were collected from various agencies and combined into an approximate model of the industry in 1964. Projections for 1965, 1967, 1970, and 1975 were based on this model. Occupations studied include the registered nurse, licensed vocational nurse, and nurse aid. The assessment of the occupation contained a definition of the role, the job preparation, and future prospects.

STATE OF CALIFORNIA. DEPARTMENT OF PUBLIC HEALTH.

1967. *Health Manpower Needs In California: A Source Book of Available Information on Selected Health Occupations.* Sacramento: State Department of Public Health. 25 pp. (processed).

The information presented in this report should be considered only as gross estimates of health manpower needs. Much of the data was assembled from already published sources and the balance compiled or calculated from unpublished reports of the California State Department of Public Health and other agencies.

THE CALIFORNIA STATE COLLEGES AND THE CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH.

1968. *Conference on Health Sciences at the Baccalaureate and Beginning Graduate Level.* California State College at Hayward. 151 pp.

This report contains the presentations and related materials, as well as the findings of a Conference on Health Sciences held in January 1967. The purpose of the meeting was to explore the national and regional needs for health science personnel, and to delineate the important policy issues relating to statewide needs for health manpower at the baccalaureate and beginning graduate levels. The supply and need of nurse manpower was included.

CONNECTICUT

STATE DEPARTMENT OF EDUCATION. DIVISION OF VOCATIONAL EDUCATION. LABOR EDUCATION CENTER. THE UNIVERSITY OF CONNECTICUT.

1967. *Health Service Occupations—Occupational Needs—Educational Requirements.* Storrs, Conn.: The University. 117 pp. and app.

This statewide questionnaire survey, conducted in June 1967, covered personnel employed in 49 health occupations in hospitals, convalescent homes, physicians' and dentists' offices, dental laboratories, employee health clinics, and public health. Personnel surveyed were those directly involved in rendering health services and supporting personnel. The survey included nurses but not doctors, dentists, or other occupations requiring a college degree. It assessed personnel vacancies, expected withdrawals, and expansion needs for 1971 and 1976, and related these data to the courses and content given in secondary and post-secondary schools for training these types of personnel.

GEORGIA

FINCHER, CAMERON.

1962. *Nursing and Paramedical Personnel in Georgia: A Survey of Supply and Demand.* Atlanta: Georgia State College. 118 pp.

This questionnaire survey, conducted from October 1961 to October 1962, covered the supply of health manpower in nursing and 11 paramedical occupations. It estimated demand for a 5- to 10-year period, and the adequacy of training and educational programs. Recommendations were made for the expansion of educational programs, for the development of baccalaureate and master's programs in specific fields, and for additional study of the needs and resources for instructors and

teachers. Occupations surveyed included registered nurses, licensed practical nurses, dietitians, hospital administrators, laboratory and x-ray technicians, medical technologists, medical record librarians, medical social workers, occupational and physical therapists, and medical assistants.

HAWAII

U.S. EMPLOYMENT SERVICE, U.S. DEPARTMENT OF LABOR, and HAWAII LABOR DEPARTMENT.

1967. *Honolulu's Manpower Outlook: A Survey of Demand and Supply for 78 Occupations.* Honolulu, State of Hawaii. Department of Labor and Industrial Relations, Employment Service Division, Research and Statistics Office. 88 pp.

This report is based on the Manpower Skill Survey of the Honolulu area in 1966. Seventy-eight occupations were included. The period 1965-1970 is assessed in terms of the extent of manpower demands, replacement needs, and implications of the survey concerning manpower training. The occupations are ranked according to demand for the years 1967 and 1970. The category, registered nurse, ranked 11th and 7th respectively. Shortage occupations were also ranked according to supply. When this was done, the registered nurse category ranked 34th for both years 1967 and 1970. A summary of the findings pertaining to each occupation and an explanation of the methodology employed are included.

IDAHO

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION.

1969. *Idaho Health Profile.* Boulder, Colo.: The Commission. 387 pp.

"Contains data concerning health manpower, health facilities, health vital statistics and certain socio-economic information for the state of Idaho." (From *Abstracts of Hospital Management Studies,* VI:26. June 1970.)

ILLINOIS

STATE OF ILLINOIS BOARD OF HIGHER EDUCATION.

1968. *Education in the Health Fields for State of Illinois.* Prepared by James A. Campbell, M.D.; W. Randolph Tucker, M.D.; and Irene R. Turner, M.T. Presbyterian-St. Luke's Hospital, Chicago. Vol. I, 161 pp.; Vol. II, 866 pp.

Manpower and educational needs and resources for all of the major health service occupations were surveyed in this study to determine requirements for additional facilities and educational programs in teaching of the health sciences in Illinois. The report includes the recomendations on nursing education of the Illinois Study Commission on Nursing.

INDIANA

INDIANAPOLIS HOSPITAL DEVELOPMENT ASSOCIATION.

1968. *Health Manpower Requirements and Resources in Metropolitan Indianapolis, 1966-1971.* Indianapolis, Ind.: The Association. 71 pp.

"Seventy-five agencies employing and training health workers were sent a questionnaire covering current and future manpower strengths, needs difficult to fill, and education and training outputs. The educational system and private practitioners, as users of health personnel, were not contacted. Additional investigation estimated the net loss in manpower by either out-migration or abandonment of the health field. Data are presented and discussed. Conclusions include noting not only a general need for rapid acquisition of health workers, but a need to revise licensing requirements, wage scales, and opportunities for advancement." (From *Abstracts of Hospital Management Studies,* V: 126, June 1969).

IOWA

SMITH, JERRY L.

1967. *Public Health Manpower Analysis: An Estimate of the Potential Need for Public Health Personnel in the State of Iowa.* Prepared for the Education and Training Committee. Des Moines, Iowa: State Department of Health. 68 pp.

This report presents an estimate of the current and potential need for public health manpower in the State for the years 1970-1985. Conclusions and recommendations with respect to meeting the health needs of the residents of Iowa are based on the information and data presented in the report.

MARYLAND

HOSPITAL COUNCIL OF MARYLAND.

1966. *Manpower in Maryland's Hospitals: Report and Recommendations on a Growing Crisis.* Baltimore: The Council. 43 pp.

Manpower resources and needs in Maryland hospitals in January 1966 were delineated and related to educational resources and to factors influencing demand for health personnel and limiting the quality and quantity of the supply. Hospital requirements for nursing personnel and laboratory technicians were most critical. Regional planning for nursing education was recommended; also nurse utilization studies. Immediate and long-range programs were proposed in the areas of recruitment, education, health career development, and employment and career incentives.

MARYLAND COUNCIL FOR HIGHER EDUCATION.

1969. *A Projection of Maryland's Health Manpower Needs Through the 1980's.* Baltimore: The Council. 194 pp.

This study was directed toward the need for health manpower education facilities, and makes recommendations for action to meet manpower needs projected for 1980 and 1990. The supply, needs and demands, and educational programs for physicians, dentists, and nurses were extensively studied. Data on other professional, technical, and auxiliary health fields are more limited. The study gives directions for the State's public and private health and educational agencies and the legislature to begin to plan without delay to meet current and future needs.

MASSACHUSETTS

AMMER, DEAN S.; CALLAGHAN, JOHN JR.; and others.
1967. *Institutional Employment and Shortages of Paramedical Personnel.* Bureau of Business and Economic Research, Northeastern University, Boston, Mass. 41 pp.

This is a report of a detailed study of staffing patterns and shortages in hospitals, nursing homes, and various other institutions in the greater Boston area.

MICHIGAN

MICHIGAN OFFICE OF PLANNING COORDINATION. BUREAU OF PLANNING AND PROGRAM DEVELOPMENT. EXECUTIVE OFFICE OF THE GOVERNOR.
1967. *Michigan Technician Need Study.* Technical Report No. 13. November 1967. Lansing, Mich. 191 pp. (processed).

This study estimated needs for new or expanded technician training programs in Michigan to help assure industry and hospitals an adequate supply of appropriately trained manpower. It defined technician categories; set preliminary criteria for persons in various fields in these categories; assessed the present supply, the educational and training opportunities, the adequacy of training, and the number of technicians needed for the future. The study included technician occupations within the health-related fields, including registered nurses and licensed practical nurses.

MISSOURI

ZIMMERMAN, T. F., and CRNIC, CAROL A.
1968. *Master Facilities Inventory: A Study of Health Manpower Training Resources, Jackson and Clay Counties, Missouri 1967.* Institute for Community Studies, Kansas City, Mo. 37 pp.

This survey identified the number and kinds of manpower training resources for allied medical professions in two counties of Missouri. It assessed their capacity and the level of capacity at which they were operating, and identified training needs and priorities for development of programs. Resources for registered nurses and licensed practical nurses were included. The report also includes a directory of personnel involved with each type of health manpower training program studied.

MONTANA

DEPARTMENT OF PUBLIC INSTRUCTION. RESEARCH COORDINATING UNIT.
1968. *Paramedical and Allied Health Service Occupations in Montana. A Survey of the Occupations, Manpower Requirements, and Training Needs Essential to the Support of* General Health Services in the State of *Montana.* Helena, Mont. 39 pp. (processed).

Total full- and part-time positions, vacancies, and projected needs for 1973 are detailed for 52 basic paramedical and allied medical service occupations requiring less than 2 years post-high school training. The survey covered hospitals, nursing homes, medical clinics, and a 10 per cent sample of physicians and dentists. Job descriptions for the 52 occupations and entry level salary ranges are included. The survey was intended to provide information for educational and health facilities planning. It includes licensed practical nurses and nursing aides.

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION.
1969. *Montana Health Profile.* Boulder, Colo.: The Commission. 443 pp.

"Contains data on health manpower, health facilities, health vital statistics and certain socio-economic information for the state of Montana." (From *Abstracts of Hospital Management Studies,* VI:26, June 1970.)

NEVADA

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION.
1969. *Nevada Health Profile.* Boulder, Colo.: The Commission. 220 pp.

"An assessment of health resources in Nevada: health manpower, health facilities, health vital statistics and certain socio-economic information." (From *Abstracts of Hospital Management Studies,* VI:26, June 1970.)

NEW HAMPSHIRE

NEW HAMPSHIRE HEALTH CAREERS COUNCIL.
1968. *New Hampshire Health Manpower Study, 1968.* Concord: The Council. 77 pp.

This statistical survey of health manpower supply and needs on a statewide, regional, and county basis covered 40 categories of health manpower including registered nurses, licensed practical nurses, and nursing aides. Included is a breakdown on full-time and part-time employment and total supply by types of health facilities and services. Thirteen major causes of health manpower shortages are ranked by vocation and type of health service, and needs are projected for 1970 and 1975. Data are reported on hospital admissions, outpatient visits, and planned

expansion in the number of hospital and nursing home beds. The questionnaire, definition of occupational titles, and list of health facilities surveyed are included in the report.

NEW YORK

THE BOARD OF REGENTS. NEW YORK STATE EDUCATION DEPARTMENT.

1963. *Education for the Health Professions, A Comprehensive Plan for Comprehensive Care To Meet New York's Needs in an Age of Change.* A Report to the Governor and the Board of Regents from the New York Committee on Medical Education. Albany, N.Y. 114 pp.

This in-depth study of needs and resources for health professionals and health-related professions and vocations included an assessment of the nursing situation in the State, and the factors affecting it. Needs for nursing personnel and the expansion required in educational programs to meet needs were projected to 1970. The development of baccalaureate programs in nursing was given top priority. Other recommendations for strengthening nursing education to meet nursing needs were made.

STATE UNIVERSITY OF NEW YORK AT BUFFALO. DEPARTMENT OF PREVENTIVE MEDICINE. COMMUNITY SERVICES RESEARCH AND DEVELOPMENT PROGRAM.

1967. *Health Care Manpower Survey.* Buffalo, N.Y.: The University. 209 pp.

This survey, conducted by the Regional Medical Program of Western New York in 1967, determined the current resources and distribution of 22 professional categories of health care personnel which required formal training and were therefore significant in terms of future educational needs. Data were obtained from licensure records of the State Education Department, commercial listings of health professionals, and questionnaires to 664 health facilities and agencies. (Excerpted from a review in *Medical Care Review*, Oct. 1969.)

NORTH CAROLINA

BUREAU OF EMPLOYMENT SECURITY RESEARCH.

1963. *North Carolina Study of Manpower and Training Needs for Medical and Health Service Occupations.* Employment Security Commission of North Carolina. Raleigh, N.C. 63 pp.

This survey was conducted as a basis for planning and expanding vocational educational facilities and curricula to meet the State's needs for health care and associated personnel requirements. It covered 43 selected key occupations that were generally known to be in short supply for 5/6, or 417, of the medical and health service establishments. Data were obtained regarding current job vacancies and replacement and expansion needs by the end of 1963 and 1966. Trainee output for the same periods as a result of on-the-job training in the institutions and affiliated schools was estimated. The majority of training requirements for workers needed by the end of 1966 were found to be concentrated in 11 health occupations.

BUREAU OF EMPLOYMENT SECURITY RESEARCH.

1967. *Health Manpower Needs in North Carolina, 1967-1973.* Employment Security Commission of North Carolina. Raleigh, N.C. 64 pp.

This survey was conducted to determine growth patterns in the employment of health manpower, to evaluate the output of existing programs, and to plan for future program requirements. The supply of personnel employed in 48 health occupations in 1,500 medical and health service facilities was surveyed in the spring of 1967. Turnover rates and manpower needs by 1973 were estimated, as compared with anticipated trainee output in medical and health service occupations in 1970 and 1973. Supply and demand data are broken down for seven areas of the State.

OREGON

OREGON STATE BOARD OF CONTROL. MENTAL HEALTH.

1965. *Report of Committee on Manpower and Training (1963-1965).* Salem: The State Board of Control. 20 pp. (processed).

A questionnaire survey of current available manpower in the traditional mental health professions—psychiatrists, psychologists, social workers, and psychiatric nurses—was undertaken to obtain information on their personal characteristics, present position, employment setting, competence, experience, training, sources of professional and personal satisfaction, and salary requirements. These data were collected also to develop a comprehensive, long-range plan for utilization of current professional manpower for the community mental health programs, and to appraise what a variety of non-traditionally trained professional personnel could contribute to social care, in the event that the current numbers of traditional mental health personnel were inadequate.

PUERTO RICO

TRUSSELL, RAY E., and ARBANA, GUILLERMO.

1962. *Medical and Hospital Care in Puerto Rico.* A Report Submitted to the Governor and The Legislature of the Commonwealth of Puerto Rico by The School of Public Health and Administrative Medicine, Columbia University, and the Department of Health of Puerto Rico. New York: Columbia University Press. 427 pp.

This report of a joint study by the University and the Department of Health appraised the quality of medical care, its organization and administration, and its expenditures and financing. It included hospital care, the distribution of hospitals

and other facilities, their utilization, and the maintenance of facilities and equipment. Health personnel were not overlooked; however, study was limited to physicians, dentists, nurses, social workers, and technicians. Data were obtained from the recipients of health care services. A representative sample of island families—2,951 in number—were interviewed, and information was recorded pertaining to patterns of utilization of medical services, aspects of care received, costs, and opinions and attitudes about care.

COMMONWEALTH OF PUERTO RICO. OFFICE OF THE GOVERNOR. PLANNING BOARD. BUREAU OF ECONOMICS AND SOCIAL ANALYSIS.

1967. *Manpower Report to the Governor: A Report on a Society in Transition.* San Juan: The Planning Board. 130 pp.

This report concerns many aspects of human resources and manpower development in the Commonwealth. Industrial and occupational trends in the economy are assessed, with some consideration of the effect on future trends in the educational system. The main objective of the report is to provide manpower and educational information to officials and planners who need to concern themselves with the manpower and human resources implications of their economic decisions. A summary of findings and conclusions is presented.

SOUTH CAROLINA

SOUTH CAROLINA HOSPITAL ASSOCIATION.

1964. *Crisis in Health Care in South Carolina. Preliminary Report on Professional, Paramedical, and Technical Personnel, November 9, 1964.* Columbia: The Association. 9 pp.

The supply and needs for all categories of personnel were surveyed in 70 non-Federal South Carolina hospitals in August 1964. Growth in hospital facilities and their use were described. Reported shortages of 1,381 hospital personnel in all categories approximated a 10 percent unmet need for personnel. Shortages of professional and paramedical personnel approximated 20 percent; for nonprofessional categories, about 6 percent.

SOUTH CAROLINA EMPLOYMENT COMMISSION.

1966. *Manpower Requirements for Health Facilities in South Carolina.* South Carolina Hospital Association and South Carolina Employment Security Commission. Columbia: The Commission. 54 pp.

The need for workers in health service occupations was surveyed to provide data for planning regional health training centers. Shortages were detailed for registered nurses, practical nurses, aides, ward clerks, anesthetists, diet clerks, medical record clerks, and medical supply clerks. The formation of a Health Manpower Council was recommended, as well as concerted recruitment, educational, and career and employment incentive efforts.

TEXAS

TEXAS HOSPITAL EDUCATION AND RESEARCH FOUNDATION.

1969. *Allied Health Manpower in Texas 1969: A Status Report on Employment.* Texas Hospital Education and Research Foundation, Austin, Tex. 56 pp.

A mail questionnaire survey of all major allied health personnel employers was undertaken during a week of average activities, March 10 through 14, 1968, to collect information on a statewide basis on allied health personnel. Information was obtained on each personnel classification as to the number of full-time and part-time personnel employed, the number of hours worked by part-time personnel, and the number of budgeted vacancies that existed. Data in this report can be considered as a statistical base from which to project needs.

TEXAS HEALTH CAREERS PROGRAM AND THE GOVERNOR'S OFFICE OF COMPREHENSIVE HEALTH PLANNING.

1970. *Allied Health Manpower in Texas, 1970.* Executive Department Office of Comprehensive Health Planning. Dallas, Tex. 259 pp.

The report contains baseline information on allied health manpower and education in Texas. Fifty-four careers in the allied health field were included in the survey. The mail questionnaire was the primary method for data collection. Questionnaires were sent to all major allied health personnel employers, requesting information on the number of full-time and part-time personnel employed in each classification, hours worked by part-time personnel, number of budgeted vacancies, and number of additional vacancies anticipated for 1971. A survey of the allied health educational programs was conducted in a similar manner. The questions pertained to approved student capacity, current enrollment, student body composition, number of graduates in 1970, and average attrition percentage over the last 3 years.

Supply and demand, according to present evidence, will not soon be in balance. The task ahead is not only to increase the supply of well-qualified workers but also to make the best use of the resources that are available.

WASHINGTON

STATE OF WASHINGTON DEPARTMENT OF EMPLOYMENT SECURITY and STATE BOARD FOR VOCATIONAL EDUCATION.

1965. *Occupational Trends in Health Care Industries, King County, 1965-1970.* Prepared by Virginia O. Hannig. Seattle: The Department. 111 pp.

This is a pilot study of manpower problems in medical industries of King County. The study tried out a procedure for analyzing occupational shortages and training requirements on

a continuing basis for a wide range of occupations and industries. Industrial and occupational characteristics were identified. Registered nurses, licensed practical nurses, nurse aides, and orderlies were included among the 26 occupations described as "demand occupations."

WEST VIRGINIA

THE GOVERNOR'S TASK FORCE ON HEALTH.

1967. *Adequate Health Services for West Virginia. A Program To Meet the Total Health Needs of the People of West Virginia.* The Final Report for Governor Hulett C. Smith. Charleston, W.Va. 107 pp.

Health facilities and services, health manpower needs and resources, and the influencing socioeconomic factors were assessed to determine overall health needs in the State and the capabilities for meeting these needs. Study recommendations included regionalization for health services, long-term planning, and specific charges to institutions and agencies in the State. The study assessed the 1967 supply of registered nurses and licensed practical nurses and needs for 1971, 1976, and 1986.

WYOMING

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION.

1969. *Wyoming Health Profile.* Boulder, Colo.: The Commission. 215 pp.

"Data on health manpower, health facilities, health vital statistics and certain socio-economic information for the state of Wyoming." (From *Abstracts of Hospital Management Studies,* VI:26, June 1970.)

Part 2

Needs and Resources in Nursing

Historical Reports, 1923-34; National

COMMITTEE ON THE STUDY OF NURSING.

1923. *Nursing and Nursing Education in the United States.* New York: Macmillan Co. 584 pp.

Commonly known as the Goldmark Report, from the name of its chief investigator, Josephine Goldmark, this report raised questions about financing and control of nursing education by hospitals and set goals for the educational preparation of nurses in administrative, supervisory, and instructor positions and for public health nurses. The report is recognized as accelerating the development of both basic and post-basic collegiate nursing education.

Initiated to study the status of public health nursing and propose a course of training for their preparation, the Committee, financed by the Rockefeller Foundation, surveyed and assessed the entire fields of nursing education and nursing service. Their work is recognized as the first broad-scale study based on actual observations of nursing practices and for which recommendations are supported by data.

Now over 40 years old, the study recommended licensure of a subsidiary grade of nursing personnel working under the supervision of doctors or trained nurses, and courses of training for their preparation for service. It pointed out the lack of sufficiently attractive avenues of entrance to the field of nursing, and recommended financial support and administration of nursing education under separate boards of education. The study also proposed elimination of the service functions of students, and shortening of hospital training to 28 months. Special additional training beyond the basic nursing course was recommended for nurses in administrative, supervisory, and instructor positions and for public health nurses, as well as strengthening of university schools of nursing for the training of nurse leaders, and endowments for university schools of nursing.

(Excerpted from *The Historical Development of Nursing*, pp. 308-311. By Sister Charles Marie Frank. Philadelphia: W. B. Saunders Co. 1953. Also excerpted from *Nursing Research: A Survey and Assessment*, pp. 20-21. By Leo W. Simmons and Virginia Henderson. New York: Appleton-Century-Crofts. 1964.)

BURGESS, MAY AYRES.

1928. *Nurses, Patients, and Pocketbooks.* New York: Committee on the Grading of Nursing Schools. 618 pp.

This was the first report of an interprofessional body, organized in 1926, on its socioeconomic investigation of the supply and demand of nursing services. Completed during the depression—the only time when an oversupply of nurses has existed—the study revealed vacancies for better prepared nurses. Economic conflicts between nurses and their employers and between student service and school of nursing objectives were highlighted. It was concluded that hospitals operated training schools because it cost less to run a poor school than it did to employ graduate nurses, and because it was easier to handle the nursing service with students, who would accept —without complaint—conditions that were becoming increasingly objectionable to graduates. Personnel policies for graduate nurses were deplorable. They asked for reasonable hours of work, a living wage, constructive leadership, sound administrative policies, and opportunities for further growth.

The Committee set forth two principles: (1) that the education of nurses is as much a public responsibility as is the education of physicians, teachers, or others to be engaged in public professional service, and the cost of such education should be supported by private and public funds and not by the hospital budget; (2) that a hospital school of nursing should be conducted solely on the basis of the kind and amount of educational experience that can be offered and not upon the need for cheap labor. The Committee recommended the employment of private duty nurses—many of whom were without work—as graduate staff to give bedside care in hospitals and to free students from excessive service demands.

(Excerpted from *The Historical Development of Nursing*, p. 312. By Sister Charles Marie Frank. Philadelphia: W. B. Saunders Co. 400 pp. 1953.)

COMMITTEE ON THE GRADING OF NURSING SCHOOLS.

1934. *Nursing Schools Today and Tomorrow. Final Report.* New York: National League for Nursing Education. 247 pp.

This report of the Committee's educational survey showed that there were some good schools of nursing; many mediocre schools, whose principal aim was to provide cheap service for the hospital; and some poor schools. Less than half of the schools had one full-time instructor, and only one-fourth of the instructors had college degrees. In 88 percent of the schools, students worked more than 48 hours, exclusive of classwork. Clinical facilities were inadequate and clinical assignments haphazard.

The report recommended the following for every professional school of nursing: An interdisciplinary representative board; a separate budget, drawn in part from tuition, endowment, gifts, or subsidies; and a director who was an educator and capable administrator. The report also recommended other essential conditions which schools should meet, as follows: That the majority of the faculty be registered nurses who are college graduates with special training in a particular field and experience in several fields of nursing; that students meet entrance requirements of a good college; that work be of such character as to receive credit toward a degree; and that clinical assignments be made only in light of what students need to know.

This and the other reports of the Committee stimulated the closing of more than 500 of the poorest schools of nursing, and later showed that the remaining schools could train many more students than had been trained formerly in the larger number of schools.

(Excerpted from *The Historical Development of Nursing*, pp. 318-319. By Sister Charles Marie Frank. Philadelphia: W. B. Saunders Co. 1953.)

COMMITTEE ON THE GRADING OF NURSING SCHOOLS.

1934. *An Activity Analysis of Nursing.* New York: National League for Nursing Education. 214 pp.

This study and analysis of nursing functions helped to define nursing and its unique position in the health professions. A long list of nursing activities was compiled from reports of actual situations previously studied by various organizations and agencies. The list distinguished nursing functions from non-nursing duties that were commonly considered part of the nurses' work. Conclusions on what every nurse should know and do became criteria for judging a competent nurse. (Excerpted from *The Historical Development of Nursing*, pp. 316-318. By Sister Charles Marie Frank. Philadelphia: W. B. Saunders Co. 1953.)

Reports, 1946-61; National, Regional, State and Territorial

National

BROWN, ESTHER LUCILE.

1948. *Nursing for the Future.* A report prepared for the National Health Council. New York: Russell Sage Foundation. 198 pp.

This study was concerned with the education needed for the responsibilities to be carried by nurses to meet community needs for health services, and the actions required for reaching goals defined for this purpose. It considered the probable nature of nursing in the latter half of the 20th century, and set the stage for research in nursing itself and in nursing as a part of overall health programs. The findings and recommendations from the study have value and are applicable today. The study and its report are recognized as stirring up controversies on many nursing issues that contributed immeasurably to motivating thinking and action and resulted in extensive improvements in nursing service and nursing education.

The report pointed out the following needs: Study of nursing functions; building of integrated nursing service teams; use of nonprofessional assistants; mandatory licensure of practical nurses; greatly expanded and improved in-service training; establishment of procedures and standards for State accreditation of nursing schools; and establishment of a system for recognizing excellence in nursing practice at various position levels to raise the status of nursing.

The future role of the professional nurse, her education, and the education of nonprofessional personnel were discussed extensively. The study recommended experimentation into measures for reorganizing and increasing the social contributions of hospitals to nursing education as well as directing efforts to building basic schools of nursing in universities and colleges as autonomous units "that are sound in organization and financial structure, adequate in facilities and faculty, and well distributed to serve the needs of the entire country."

Statewide planning for basic nursing education as well as regional and national planning for higher forms of nursing education was urged.

(Excerpted from *The Historical Development of Nursing*, pp. 339-347. By Sister Charles Marie Frank. Philadelphia: W. B. Saunders Co. 1953.)

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

1948. *The Economic Status of Registered Professional Nurses*, 1946-1947. Bulletin No. 931. Washington: U.S. Government Printing Office. 69 pp.

This study related the problems of nurse shortages and attrition from nursing to nurses' working hours, salaries, and other working conditions. It compared nursing to other fields and their socioeconomic and working conditions. Findings were detailed and remedial measures suggested. (Excerpted from *The Historical Development of Nursing*, p. 339. By Sister Charles Marie Frank. Philadelphia: W. B. Saunders Co. 1953.)

WEST, MARGARET; and HAWKINS, CHRISTY.

1950. *Nursing Schools at the Mid-Century.* A report prepared under the auspices of the Subcommittee on School Data Analysis for the National Committee for the Improvement of Nursing Services. (This committee is no longer in existence. Nursing school libraries may be able to provide copies.) 88 pp.

This survey report presents a detailed record of the educational practices in 1,156 of the 1,193 basic schools of nursing in existence in 1949, including those offering hospital and collegiate programs. It compares findings to specific standards set in 1937 and 1942 for a good school of nursing—such as instructional hours, student clinical experience, library resources, and appointment of faculty. The two overall impressions drawn from the survey are as follows: (1) In 1949, the basic school of nursing was not regarded as enough of an educational institution to define its own goals and to decide how these goals could be best met; (2) the major share of the nursing school program was not being predominately focused on education, and in most schools of nursing the service to hospitals was as important an objective as was the education of students.

HEALTH RESOURCES ADVISORY COMMITTEE (RUSK COMMITTEE). 1950-51.

1951. "Nurse Power in Mobilization." By Ruth P. Kuehn, Member. Washington: The Committee. 4 pp.

"As nearly as the Committee could estimate, 49,000 nurses over and above those in sight for 1954 would be needed to meet requirements for this category of personnel. The Committee noted that the shortage of nurses could be reduced slightly by an increase in nursing school enrollment; more nurses should be trained for administrative, teaching, and supervisory positions; the supply of trained practical nurses should be increased as rapidly as possible; and hospitals should expand and improve their inservice training programs for nurses' aides and other auxiliary nursing personnel below the practical nurse level." (Quoted from *Report of the National Advisory Commission on Health Manpower*, Vol. II, p. 270. Washington: U.S. Government Printing Office. November 1967.)

NATIONAL LEAGUE FOR NURSING. COMMITTEE ON THE FUTURE.

1957. *Nurses for a Growing Nation.* New York: The Association. 31 pp.

The purpose of this study was to forecast changing needs in nursing service and nursing education, based on examination of social and health trends in the foreseeable future. An attempt was made to estimate overall existing needs and additional needs for nurses. Needs were forecast on the premise that reasonable predictions for the future can be proposed by studying past trends, by examining present supply, and by relating the findings to future demands and goals.

Two goals were projected for the future: (1) A higher goal of 350 nurses per 100,000 population, already reached or exceeded in six States; and (2) a more conservative objective goal of 300 nurses per 100,000 population, to bring gradual improvement in the supply. For reaching the higher goal by 1970, an annual average increase of 6 nurses per 100,000 population would be required; for the lower goal, an annual average increase of 3 nurses per 100,000 population. Considering an annual attrition rate of 5 percent from the nurse supply, 700,000 nurses would be needed by 1970 to meet the higher goal and 600,000 to reach the lower goal.

(Excerpted from *Nursing Research: A Survey and Assessment*, pp. 144-145. By Leo W. Simmons and Virginia Henderson. New York: Appleton-Century-Crofts. 1964.)

HUGHES, EVERETT C.; HUGHES, HELEN MACGILL; and DEUTSCHER, IRWIN.

1958. *Twenty Thousand Nurses Tell Their Story. A Report on the American Nurses' Association Studies of Nursing Functions.* Philadelphia: J. B. Lippincott. 280 pp.

This book is a synthesis of data from more than 30 function studies. The findings have implications for the nurse as a practitioner, her relationship to others in the work situation, and the future of nursing. The present status of nursing and where it has to go are vividly portrayed.

These studies were focused primarily on the following: who nurses are, what they do, where they come from, where they work and why, how they prepare themselves for this work, what their relationships are with co-workers and patients, how they feel about nursing, and how others feel about them. The major contribution of this book is the challenge it presents and the questions of vital importance it raises concerning the improvement of nursing service and nursing education.

(Excerpted from a review by Gwendoline MacDonald, formerly Instructor in Medical-Surgical Nursing, Vassar Hospital School of Nursing, Poughkeepsie, N.Y., in *Nursing Outlook*, 7 (1):9. January 1954.)

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF DIPLOMA AND ASSOCIATE DEGREE PROGRAMS.

1959. *Report on Hospital Schools of Nursing, 1957.* New York: The League. 44 pp.

This survey updated information in *Nursing Schools at Mid-Century* and gave bases for measuring progress in the improvement of resources and practices in schools of nursing. The survey focuses primarily on a comparison of 247 accredited and 551 nonaccredited programs, and common educational methods. Deviation from traditional and rigid criteria and standards to more flexible guidelines as marks of excellence is reflected in the report, which gives the impression that in 1957 the hospital schools were regarded as educational institutions in the making.

Regional

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION.

1959. *Nurses for the West.* Western Council on Higher Education for Nursing. Boulder, Colo. 112 pp.

This report of the first regional survey of nursing needs and resources in the 13 States comprising the western educational compact presents facts on the registered nurse supply and the resources for the education of registered nurses. Projections are made for the number of nurses by levels of educational preparation needed in each of the States by 1970. Recommendations are made for the development and improvement of nursing

education in the West, and criteria are specified for new junior college and baccalaureate programs.

State and Territorial

The following list, by States in alphabetical order, includes those surveys that assessed statewide nursing needs and resources, and that for the most part embraced all fields of nursing. Many of these study reports are out of print and are available only from the sponsoring organizations or by library loan. The reports are not annotated. They are listed here merely for historical considerations and for comparability with future reports and surveys. These reports can provide trend data, information regarding planning activities and processes used in particular States, and indications of progress and action in meeting recommended goals.

ARIZONA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1950. *Survey of Nursing Needs, Resources, and Supply in Arizona.* Phoenix: Arizona Nurses' Association. 57 pp. (processed).

ARKANSAS

COMMITTEE ON NEEDS AND RESOURCES. ARKANSAS STATE NURSES ASSOCIATION and ARKANSAS LEAGUE FOR NURSING.

1958. *Blue Print For Action. Arkansas Survey. Nursing Needs and Resources.* Report prepared by Committee on Needs and Resources, Arkansas; and Division of Nursing Resources, Public Health Service, U.S. Department of Health, Education, and Welfare. Little Rock, Ark.: The Association. 177 pp. (processed).

COLORADO

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1953. *Colorado Nursing Resources: A Survey of the Nurse Supply and Needs, 1953.* Denver: Colorado Nurses' Association. 46 pp. (processed).

CONNECTICUT

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE.

1958. *A Survey. Nursing Needs and Resources in Connecticut.* The Connecticut Joint Commission for Improvement of Care of the Patient. The Committee on Future Needs for Nurses. Hartford, Conn. 89 pp. (processed).

DISTRICT OF COLUMBIA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1952. *Nursing in the Nation's Capitol: A Survey of Needs and Resources in the District of Columbia, 1952.* Washington: District of Columbia Nurses' Association. 127 pp. (processed).

HAWAII

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1951. *A Survey of Nursing Needs and Resources in Hawaii.* Honolulu: Hawaii Nurses' Association. 73 pp. (processed).

TERRITORIAL COMMISSION ON NURSING EDUCATION AND NURSING SERVICES.

1952. *The Nurse of Tomorrow: A Report on Nursing in Hawaii.* Honolulu: Hawaii Nurses' Association. 20 pp. (processed).

ILLINOIS

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1950. *A Report of Current Supply, Present and Future Needs of the People of Illinois for Nursing Service. May 1950.* Chicago: Illinois League for Nursing. 73 pp. (processed).

INDIANA

BIXLER, GENEVIEVE K.; FADDIS, MARGENE O.; and BIXLER, ROY W.

1952. *Indiana Nursing Survey.* Indianapolis: Indiana Nurses' Association. 70 pp.

IOWA

MILLER, J. ROBERT.

1951. "Report of the 1950 Survey for the Iowa State Nurses' Association." *Bulletin of Iowa State Nurses' Association.* 5 (2): 4-7. Des Moines, Iowa: The Association.

IOWA STATE NURSES' ASSOCIATION, IOWA STATE LEAGUE OF NURSING EDUCATION, IOWA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING, et al.

1952. *Iowa Survey: Nursing Needs; Resources.* Des Moines, Iowa: Executive Committee for the Iowa State Nursing Survey. 45 pp. (processed).

IOWA STATE NURSES' ASSOCIATION.

1956. "Results of Survey Among Office Nurses in Iowa." *Bulletin of Iowa State Nurses' Association.* 10 (1): 17, 18. Des Moines, Iowa: The Association.

IOWA STATE NURSES' ASSOCIATION.

1956. "INSA Section Committee Complete Personnel Survey." *Bulletin of Iowa State Nurses' Association.* 10 (1): 19, 20. Des Moines, Iowa: The Association.

KANSAS

KANSAS STATE NURSES' ASSOCIATION, KANSAS LEAGUE FOR NURSING, and KANSAS STATE BOARD OF NURSE REGISTRATION AND NURSING EDUCATION.

1958. *Survey Report of the Nursing Needs and Resources in Kansas, 1958.* Committee To Study Nursing Needs and Resources in Kansas. Topeka, Kans. 337 pp. (processed).

LOUISIANA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1950. *Survey of Nursing Resources and Needs in Louisiana, 1950.* New Orleans: Louisiana Nurses' Association. 104 pp. (processed).

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1956. *Statewide Nursing Survey: Progress and Action in Louisiana. Resurvey.* New Orleans: Louisiana Nurses' Association. 173 pp. (processed).

MAINE

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1953. *Maine Nursing Resources: A Survey of the Nurse Supply and Needs. 1953.* Augusta: Maine Nurses' Association. 87 pp. (processed).

MARYLAND

MARYLAND STATE PLANNING COMMISSION.

1953. *Nursing Needs and Resources of the State of Maryland. Report of the Subcommittee on Nursing Needs to the Committee on Medical Care.* Baltimore, Md. 63 pp.

MASSACHUSETTS[1]

HOWARD, ANNA T., and APPLE, DORRIAN.

1960. *Nursing Needs and Resources in Massachusetts.* A report of the Survey of Nursing Needs and Resources in Massachusetts, a project sponsored by the Massachusetts League for Nursing, Massachusetts Nurses' Association, and the Board of Registration in Nursing. Boston: Massachusetts League for Nursing. 127 pp.

MICHIGAN

BIXLER, GENEVIEVE K.

1946. *Nursing Resources and Needs in Michigan. A Survey Prepared for the Michigan Council on Community Nursing.* Lansing: Michigan State Nurses' Association. 74 pp.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1953. *Planning for Better Nursing in Michigan: A Survey of Resources and Needs. 1953.* Lansing: Michigan State Nurses' Association. 97 pp. (processed).

MICHIGAN DEPARTMENT OF HEALTH.

1954. *For Better Nursing in Michigan. A Survey.* (State version, based on a report prepared by the Division of Nursing Resources, Public Health Service, U.S. Department of Health, Education, and Welfare.) Cunningham Drug Company Foundation. Detroit, Mich. 115 pp. (processed).

MINNESOTA

GOVERNOR'S ADVISORY COMMITTEE ON NURSING. SUBCOMMITTEE ON AID.

1949. *Nursing Resources and Needs in Minne-*

sota. St. Paul, Minn. 141 pp. (processed).

MISSISSIPPI

MISSISSIPPI COMMISSION ON HOSPITAL CARE.

1948. *Report of Nursing Committee To Develop an Integrated State-Wide Nurse Education Program for Mississippi.* Ruth I. Gillan, Secretary, Nursing Committee, Jackson, Miss. 31 pp.

UNIVERSITY OF MISSISSIPPI.

1953. *The Status of Nursing in Mississippi. Facts, Needs, Goals.* Committee on Nursing Resources. Jackson, Miss. 56 pp. (processed).

COORDINATING COUNCIL OF THE MISSISSIPPI STATE NURSES' ASSOCIATION AND THE MISSISSIPPI LEAGUE FOR NURSING.

1961. *Report of Committee for Reappraisal of Mississippi Nursing Needs and Resources. 1960.* Jackson, Miss.: The League. 118 pp.

MISSOURI

UNIVERSITY OF MISSOURI. COLLEGE OF AGRICULTURE.

1949. *Nursing Needs and Resources in Missouri.* Research Bulletin 437. Series in Rural Health No. 3. By Jeannette R. Gruener, for the Committee To Study Nursing Needs and Resources, of the Missouri State Nurses' Association and Missouri League of Nursing Education, Columbia, Mo. 67 pp.

NEBRASKA

NEBRASKA PROFESSIONAL NURSING ORGANIZATIONS; NEBRASKA STATE DEPARTMENT OF HEALTH; and FEDERAL SECURITY AGENCY, PUBLIC HEALTH SERVICE, DIVISION OF NURSING RESOURCES.

1951. *A Report of the Survey To Measure Nursing Needs and Resources in Nebraska, 1950-51.* Omaha: Nebraska Nurses' Association. 122 pp. (processed).

NEVADA

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1954. *Nursing in Nevada: A Survey of Needs and Resources, 1954.* Reno: Nevada Nurses' Association. 47 pp. (processed).

NEW JERSEY

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1950. *Survey of Nursing Needs, Resources, and Supply in New Jersey, 1950.* Newark: New Jersey Nurses' Association. 92 pp. (processed).

NEW MEXICO

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1952. *Nursing in New Mexico: A Survey of Needs and Resources 1952.* Albuquerque: New Mexico Nurses' Association. 65 pp. (processed).

NEW YORK

NURSE RESOURCES STUDY GROUP.

1959. *Needs and Facilities in Professional Nursing Education in New York State.* Albany, N.Y.: The State Education Department. 87 pp.

COWEN, PHILIP A.

1961. *Needs and Facilities in Professional Nursing Education in New York State. Revised 1961.* Prepared for The Nurse Resources Study Group. Albany, N.Y.: The University of the State of New York, The State Education Department, Division of Research in Higher Education. 14 pp. (mimeographed).

NURSE RESOURCES STUDY GROUP.

1961. *Needs and Facilities in Practical Nursing Education in New York State.* Albany, N.Y.: University of the State of New York, State Education Department.

NORTH CAROLINA

MILLER, JULIA.

1949. *Report of a Survey To Determine Needs for Nursing and Recommendations for the Future of Nursing in the State of North Carolina.* Raleigh: North Carolina Nurses' Association. 149 pp.

NORTH CAROLINA MEDICAL CARE COMMISSION AND UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL.

1950. *Nursing and Nursing Education in North Carolina.* The Report of the North Caro-

lina Committee to Study Nursing and Nursing Education. Raleigh, N.C. 100 pp.

NORTH DAKOTA

UNIVERSITY OF NORTH DAKOTA, DIVISION OF NURSING; and DEACONESS HOSPITAL, SCHOOL OF NURSING COMMITTEE.

1948. *Survey of Nursing Facilities and Resources For Establishing Basic and Advanced Professional Programs of Nursing at the University of North Dakota.* Grand Forks, N.D.: The Committee. 55 pp. (processed).

OKLAHOMA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1951. *Survey of Nursing Needs and Resources in Oklahoma. 1951.* Oklahoma City: Oklahoma State Nurses' Association. 70 pp. (processed).

OREGON

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1949. *Meeting the Needs for Nursing Services in Oregon: A Study of Nursing Resources, Needs, and Educational Facilities.* Portland: Oregon State Nurses' Association. 27 pp. (processed).

PENNSYLVANIA

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1955. *Nursing in Pennsylvania: A Study of Needs and Resources. 1955.* Harrisburg: Pennsylvania Nurses' Association. 118 pp. (processed).

SOUTH CAROLINA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1949. *Survey to Measure Nursing Needs and Resources in South Carolina.* Columbia: South Carolina Nurses' Association. 80 pp.

MEDICAL COLLEGE OF SOUTH CAROLINA, UNIVERSITY OF SOUTH CAROLINA, WINTHROP COLLEGE, SOUTH CAROLINA LEAGUE FOR NURSING, SOUTH CAROLINA STATE NURSES' ASSOCIATION, AND SOUTH CAROLINA STATE BOARD OF HEALTH.

1957. *Survey of Educational and Professional Facilities for Collegiate Education in Nursing in South Carolina.* Columbia: University of South Carolina. 82 pp.

SOUTH DAKOTA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1950. *A Report of the Survey To Measure Nursing Needs and Resources in South Dakota, April 1950.* Sioux Falls: South Dakota State Nurses' Association. 86 pp. (processed).

TENNESSEE

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1949. *Meeting the Needs for Nursing Services in Tennessee.* Nashville: Tennessee State Nurses' Association. 32 pp. (processed).

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1956. *Tennessee: Action and Progress—A Statewide Survey of Nursing Needs and Resources.* Nashville: Tennessee State Nurses' Association. 56 pp. (processed).

TEXAS

FOUNDATION FOR RESEARCH AND DEVELOPMENT IN HEALTH ACTIVITIES.

1951. *Texas Nurses in Review. A Survey of Nursing Sources and Resources in the State of Texas.* Austin: Texas Nurses Association. 92 pp.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1958. *Nursing Needs and Resources in Texas. A Survey Report.* The Committee To Study Nursing Needs and Resources in Texas. Sponsored by the Board of Nurse Examiners for the State of Texas, the Texas Graduate Nurses' Association, and the Texas League for Nursing, in association with the Texas Commission on Patient Care. San Antonio: Texas Graduate Nurses' Association. 144 pp. and appendixes (processed).

UTAH

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1954. *Nursing in Utah. A Survey of Needs and Resources—1954* and *Supplement No. 1.* Salt Lake City: Utah Nurses' Association. 73 pp. (processed).

VERMONT

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1952. *Nursing in Vermont: Report of the Vermont Survey of Nursing Needs and Resources, 1952.* Burlington: Vermont State Nurses' Association. 63 pp. (processed).

WASHINGTON

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1950. *A Report of Washington Nursing Study, 1950.* Seattle: Washington State Nursing Association. 54 pp. (processed).

WEST VIRGINIA

FEDERAL SECURITY AGENCY. PUBLIC HEALTH SERVICE. DIVISION OF NURSING RESOURCES.

1951. *Nursing in West Virginia. Report of the West Virginia Survey of Nursing Needs and Resources, 1951.* Charleston: West Virginia State Nurses' Association. 103 pp. (processed).

WISCONSIN

COLUMBIA UNIVERSITY. TEACHERS COLLEGE. INSTITUTE OF RESEARCH AND SERVICE IN NURSING EDUCATION.

1955. *Education for Nursing in Wisconsin.* (Addressed to the Wisconsin Commission To Develop a State-Wide Plan for Nursing Education) New York. 376 pp.

Reports, 1962-71; National, Regional, State and Territorial

National

WEST, MARGARET D., and CROWTHER, BEATRICE.

1962. *Education for Practical Nursing, 1960.* A Report of the Committee on the Questionnaire Study of Practical Nursing Schools. New York: National League for Nursing, Department of Practical Nursing Programs. 63 pp.

This is a report of the first nationwide status study of practical nursing programs directed toward learning facts about these programs for developing evaluative devices and identifying ways in which they could be improved. The survey report is based on data from 494 of 662 State-approved schools of practical nursing in the academic year 1959-60. It covers trends in the development of programs and assesses the status in 1959-60 of their organization, control, and size; curriculum patterns; age and educational background of students; costs to students; educational expenditures; program resources; and faculty size and qualification. Recommendations are made for improvement in practical nursing programs, and areas requiring further study are suggested.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF DIPLOMA AND ASSOCIATE DEGREE PROGRAMS.

1963. *Today's Diploma Schools of Nursing.* Report of the 1962 Survey of 728 Diploma Schools of Nursing. Prepared by Elizabeth V. Cunningham. Code No. 16-1081. New York: The League. 69 pp.

This survey report identifies trends and describes the characteristics of diploma nursing education as it existed in the Spring of 1962. The survey focused on educational aspects of programs, fiscal practices and policies, deviations from previous practices, and major problems. The findings, for the most part, were not measured against any standards or criteria but were intended to be useful for planning and for continuing the sound development of schools. The report reflects a generally held opinion that the majority of diploma schools of nursing were regarded as full-fledged educational institutions, capable of identifying their own problems, setting goals, and finding ways for meeting current criteria of educational excellence.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE.

1963. *Nurses for Leadership. The Professional Nurse Traineeship Program. Report of the 1963 Evaluation Conference.* PHS Pub. 1098. Washington: U.S. Government Printing Office. 53 pp.

This report is an assessment, through 1962, of the results of the Federal government's program to provide—through advanced training—critically needed professional nurses for teaching, administration, and supervision in hospitals, nursing schools, and health agencies. Recommendations are made for continuance and extension of this Program. Many of the recom-

mendations support those made by the Surgeon General's Consultant Group on Nursing. Effects of this program on nursing service and nursing education and future needs are substantiated by program data and a study of future education plans of professional nurses conducted in 1962 by the Division of Nursing, with the assistance of State boards of nursing, to contribute information for the evaluation conference on educational plans and interests of nurses.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE.

1963. *Toward Quality in Nursing: Needs and Goals. Report of the Surgeon General's Consultant Group on Nursing.* PHS Pub. 922, Washington: U.S. Government Printing Office. 73 pp.

A brief description of social, economic, and educational changes in our society and advances in medical sciences provides the context for the analysis of nursing practice and nursing education—past, present, and future. Analysis of goals and needs for nursing services by all types of personnel identified the need, by 1970, for 300,000 auxiliary workers, 350,000 practical nurses, and 850,000 professional nurses. Of the professional nurses, 200,000 should have baccalaureate degrees and 100,000 should have graduate preparation. Those numbers of nurses were considered necessary by 1970 if the people of the United States are to be provided therapeutically effective and efficient nursing service. However, considering potential school capacities, potential numbers of students, and the need to safeguard the quality of education, the Consultant Group projected a more realistic goal of 680,000 professional nurses by 1970. Of these professional nurses, 120,000 should have baccalaureate degrees, including 25,000 with graduate preparation. The Consultant Group predicted that the estimated goal of 350,000 practical nurses by 1970 could be reached. This would provide 38 percent of direct services to patients by professional nurses, 30 percent by licensed practical nurses, and 32 percent by auxiliary personnel.

To achieve these goals, there must be major expansions—quantitative and qualitative—of both diploma and collegiate programs. Special emphasis must be given to the following: basic baccalaureate degree programs and the expansion and development of new programs providing advanced preparation for leadership and teaching positions; intensification of recruitment for all programs; increase in financial aid to students; better alignment of personnel policies for graduate nurses with those of other occupations requiring comparable skills, ability and preparation; critical study of patterns of education; better utilization of existing personnel; continued staff education, stimulation, and support for nursing research.

To reach these goals of nursing service, a multi-pronged attack with adequate resources is needed. Cooperative efforts of the nursing profession, allied professions, private and community groups, educational institutes, and health care agencies will be imperative. Financial support that cannot be provided by these groups must be provided by government at all levels. The specific recommendations of the Consultant Group were directed to the areas in which Federal assistance can be of particular and immediate significance in increasing and improving nursing personnel and nursing service. They urgently recommended that the nursing profession immediately conduct a study of the present system of nursing education in relation to the responsibilities and skill levels required for high-quality patient care. They recommended that the Federal Government expand and add to its present program of support and assistance in the following areas: (1) recruitment for schools of nursing; (2) assistance to schools for expansion and improvement of the quality of educational programs; (3) assistance to professional nurses for advanced training; (4) assistance to hospitals and the health agencies for improvement of utilization and training of nursing personnel; and (5) increased support for research in nursing.

(Excerpted from a review by M. Harms in *Nursing Research*, 12 (3) :202, Summer 1963.)

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS.

1964. *Masters Education in Nursing.* Report of a Study Conducted in Spring 1963, by Jean Campbell, NLN Consultant in Nursing Education. Code No. 15-1157. New York: The League. 121 pp.

The nature and scope of education in nursing at the master's level were studied to provide guidelines for setting goals, developing accreditation criteria, and planning for the future. The survey covered 35 institutions offering master's programs in 13 fields of specialization during the academic year 1962-63. The number of faculty members covered in the study was 139; the number of students, 1,217. The study assessed the characteristics of programs, faculty, and students, including university control, curriculum patterns, clinical practicum, admission requirements, educational preparation of faculty, and faculty and research activities.

NATIONAL LEAGUE FOR NURSING.

1964. *Study on Cost of Nursing Education. Part I. Cost of Basic Diploma Programs.* Code No. 19-1142. New York: The League. 95 pp.

This is a report of an investigation into the cost of nursing education in 126 diploma programs, using a standard method of cost determination for each institution developed by the National League for Nursing and the Public Health Service in 1956. The study compared income, total costs, and the costs of educational functions and noneducational functions, by regional distribution of the programs, type of control, size of enrollment, and accreditation status. The study pointed up the magnitude of the cost of maintenance of diploma program students, and showed that the costs of both gross and net noneducational functions were greater than of educational functions. Profiles of costs are presented in the text, and the appendix includes a schedule of cost analysis for one participating agency.

NATIONAL LEAGUE FOR NURSING.

1965. *Study on Cost of Nursing Education. Part II. Cost of Basic Baccalaureate and Associate Degree Programs.* Code No. 19-1174. New York: The League. 95 pp.

This is a report of an investigation into the cost of nursing education in 19 basic baccalaureate and 10 associate degree programs offered by institutions of higher learning, using the National League for Nursing and the Public Health Service method developed in 1956. The study compared the cost of instructional units in nursing with the cost of those in general education, and showed the former to be much greater. The study demonstrated a negative relationship between the cost of the nursing programs in the study and the percent of cost that was borne by the students. A profile of costs is given for each program, and the schedules used for recording cost analysis are included in the appendix.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF PRACTICAL NURSING PROGRAMS.

1966. *Practical Nursing Education Today. Report of the 1965 Survey of 722 Practical Nursing Programs.* Code No. 38-1244. New York: The League. 33 pp.

This is a report of a survey questionnaire that assessed the characteristics and quality of 722 of 913 existing practical nursing education programs in relationship to acceptable standards and criteria for the evaluation of these programs developed by the National League for Nursing and published in 1965. It evaluated progress made since the 1960 survey, portrayed the growth and expansion in these programs, and assessed the effects of Federal legislation supporting the development of practical nurse programs. It covered such areas as administration, faculty, students, curriculum, facilities, and resources, and included a separate analysis of 61 of 150 programs operating under Manpower Development and Training Act funds. Recommendations are made as a basis for planning further improvement in programs.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. BUREAU OF HEALTH MANPOWER. DIVISION OF NURSING.

1967. *Nurse Training Act of 1964. Program Review Report.* PHS Pub. 1740. Washington: U.S. Government Printing Office. 78 pp.

This report, submitted to Congress in January 1968 by the Committee appointed to review the Nurse Training Act of 1964, documents the accomplishments and shortcomings of the various provisions of the Act and its administration, forecasts future needs, and redefines goals for nursing in light of continuing social change affecting nursing and the delivery of health services. The Committee recommended continuation of the program through 1974 at least, and expansion of various provisions of the Act. Statistical data on the awards and utilization of the various provisions under the Act, by State and type of nursing education program, are included in the appendix.

WALKER, VIRGINIA H.

1967. *Nursing and Ritualistic Practice.* New York: Macmillan Co. 196 pp.

This book reports the findings of a 3-year study, supported by the U.S. Public Health Service, in which nursing functions were examined against the criterion of "ritualistic behavior," defined as operational behavior having some significance to the actor rather than being primarily oriented to the achievement of organizational goals. Traditional and controversial nursing functions examined include temperature, pulse, and respiration procedures; shift reports; assignment of nursing activities; nurses' accountability to several supervisors; and decision-making in the absence of a physician. The study findings clearly indicate that ritualistic behavior related to these functions accounts for enough difficulty to warrant further investigation. This book can help to prepare nurses to read, evaluate, and use or reject research findings. Sufficient information and ideas are presented for beginning efforts in research or evaluation of services. The book is timely, in view of the need to face the issues of the demand for nurses and the changing role of the professional nurse. (Excerpted from a review by Nancy Kintner, Director of Nursing, Northern State Hospital, Sedro Woolley, Washington. In *Nursing Outlook*, 15 (12):21, December 1967.)

NATIONAL LEAGUE FOR NURSING. RESEARCH AND DEVELOPMENT.

1969. *A National Survey of Associate Degree Programs, 1967.* By Sylvia Lande. Pub. 23-1348. New York: The League. 150 pp.

The characteristics of associate degree nursing programs, their administration, students, faculty, curriculum, resources, and graduates, are reported in depth. Data were gathered from replies from 201 of 218 programs to which questionnaires were sent in 1967. The history of associate degree nursing programs is traced, and implications are drawn from the survey.

NATIONAL COMMISSION FOR THE STUDY OF NURSING AND NURSING EDUCATION.

1970. *An Abstract for Action.* Vol. I. New York: McGraw-Hill, Inc. 167 pp.

This independent commission, established jointly by the American Nurses' Association and the National League for Nursing and supported by foundation funds, carried out the recommendations of the Surgeon General's Consultant Group on Nursing that nursing education be studied in relation to the responsibilities and skill levels required for high-quality patient care. The Commission studied trends and changing conditions in the Nation's need for nurses, assessed changing role requirements and educational practices and the internal and external factors influencing nursing careers. Among the Commission's recommendations, priority is given to the need for increased research into the practice of nursing and educa-

tion of nurses, enhanced educational systems and curricula based on research, and increased financial support for nurses and nursing to ensure adequate career opportunities. The report also briefly describes the history, organization, and methodology of the investigation.

NATIONAL COMMISSION FOR THE STUDY OF NURSING AND NURSING EDUCATION.

1971. *An Abstract for Action: Appendices.* Vol. *II.* Edited by Jerome P. Lysaught, Director. New York: McGraw-Hill Book Company. 509 pp.

This is a companion publication to volume I which contains the final report and recommendations of the National Commission. In the eighteen sections which make up the set of appendices, the study methods used are documented, interim findings and decisions are included, and data relevant to the three-year study of nursing practice and education are given.

Regional

PAIR, NONA TILLER.

1963. *Nursing Resources in Idaho, Montana, Nevada, and Wyoming.* A review of nursing resources in these four States, prepared for the Mountain States Medical Education Study. Sponsored by the Western Interstate Commission for Higher Education, Boulder, Colo., Sept. 16, 1963. 72 pp. (processed).

This report reviews the number of registered nurses by field of practice in the four States in 1962, the number of licensed practical nurses, and the trends in the number of practitioners being prepared in schools of nursing for registered nurses and practical nurses. A comparison is made of nurse-to-population ratios of the country as a whole, of the four States, and of particular counties within these States. The number of nursing practitioners needed in the future is predicted, based on an estimate of population growth and present nurse-to-population ratios.

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION.

1966. *Today and Tomorrow in Western Nursing. A WCHEN Report on the Present, With Recommendations for the Future.* Boulder, Colo.: The Commission. 108 pp.

This publication is a report of a reappraisal of needs and resources for nursing education for the 13 western States regional education compact. It contains an assessment of the extent to which the recommendations of the 1959 survey, reported in *Nurses for the West,* were carried out. An action program on the regional, State, and institutional levels for providing an adequate supply of well-trained nurses is recommended. State representatives are advised to stimulate State studies and coordinate action on the States' nursing education problems.

SOUTHERN REGIONAL EDUCATION BOARD.

1967. *Agenda Book, Eighth Conference of Council on Collegiate Education for Nursing, April 19-21, 1967. Project in Nursing Education and Research.* Atlanta, Ga.: The Board. 65 pp.

Included in the proceedings of this Conference and the conference agenda book are synopses of various activities and progress, up to April 1967, toward statewide planning for nursing education in the States of Arkansas, Georgia, Maryland, Mississippi, North Carolina, Oklahoma, Texas, and Virginia. Through these reports, processes in the development of State planning for nursing can be traced.

SOUTHERN REGIONAL EDUCATION BOARD.

1967. *Agenda Book, Ninth Conference of Council on Collegiate Education for Nursing, November 8-10, 1967. Project in Nursing Education.* Atlanta, Ga.: The Board. 73 pp.

This agenda book updates previous Conference progress reports on statewide planning activities for nursing education for the States of Arkansas, Georgia, Maryland, Mississippi, and Texas, and adds reports for the States of South Carolina and Tennessee. These reports give information on how the various States sponsor, finance, organize, and carry out planning activities. Updated statistical data on nursing education in the Southern Regional Education Board region are also included.

FLITTER, HESSEL H.

1968. *Nursing in the South.* Atlanta, Ga.: Southern Regional Education Board. 51 pp.

This publication concisely analyzes nursing in the 15 States included in the Southern Regional Education Board. It describes where nurses are employed, and compares the current and estimated future supply with national goals. It also assesses the status of nursing education. The intent of the report is to encourage each State and local community in the South to plan for meeting its nursing needs in light of its own resources.

NATIONAL LEAGUE FOR NURSING.

1968. *Operation Decision: Citizen Planning for Nursing in the South.* Report of a conference sponsored by the Southern Regional Assembly of Constituent Leagues for Nursing and the NLN Council of Public Health Nursing Services. Pub. 54-1322. New York: The League. 58 pp.

Issues in nursing service and nursing education, nursing

needs, and required action programs in the 13 southern States all were identified in this Conference intended to stimulate community planning for nursing. Representatives of a cross section of nursing interests, in addition, assessed data available and needed for planning, and the potential and means for meeting nursing needs. The report describes the Conference work of each State team and planning for nursing that was in progress in the State.

FAHS, IVAN J.; BARCHAS, KATHRYN U.; and OLSON, LINDA G.

1970. *Nursing in the Upper Midwest. A Summary Report.* The Upper Midwest Nursing Study, Upper Midwest Research and Development Council. Minneapolis, Minn. A study sponsored by the Louis W. and Maud Hill Family Foundation of St. Paul, Minn. 48 pp. (processed).

This is one of several reports on a regional study of nursing needs and resources in the Upper Midwest. The Upper Midwest region comprises the entire States of Minnesota, Montana, North Dakota, and South Dakota, and parts of Michigan and Wisconsin. This summary report presents statistics, information, and an analysis of nursing needs and resources in the region as they relate to and are influenced by demographic, economic, social, and health factors and conditions in the region and in the Nation as a whole. Problematic areas related to meeting nursing personnel needs are highlighted.

State and Territorial

ALABAMA

ALABAMA BOARD OF NURSING.

1968. *Assessment of Nursing Education in Alabama, 1968.* Montgomery: The Board. 58 pp.

This study proposes definitive measures for the development of a plan for nursing education in Alabama. The characteristics of the 1967 supply of registered nurses, licensed practical nurses, and nursing education resources were analyzed by regions of the State. The characteristics of faculty and students of nursing, recruitment practices, and the applicant experiences of schools—all were surveyed by a student questionnaire and a structured interview of directors of schools of nursing. General recommendations are made for the development of nursing education in the State, with specific recommendations on recruitment, nursing faculty development, and the development or expansion of specified types of nursing education programs, by regions of the State.

ALABAMA LEAGUE FOR NURSING, ALABAMA STATE NURSES ASSOCIATION, ALABAMA REGIONAL MEDICAL PROGRAM.

1969. *Nurse Utilization in Alabama. A Committee Report.* Birmingham: The League. 53 pp.

This is a report of the findings and recommendations of a State planning committee appointed to study the current practices of nurses in Alabama and to propose methods for improvement in patient care. The Committee conducted a survey of nursing activities in hospitals, nursing homes, and public health agencies; determined the functions of the registered nurse; and made recommendations for the improved utilization of nursing personnel. The need for utilization studies, regional demonstration units, continuing education, and inservice education was stressed.

ARIZONA

ARIZONA STATE NURSES' ASSOCIATION.

1965. "Interim Report of the Joint Committee To Study Nursing Needs and Resources in Arizona." *Arizona Nurse*, 18 (5):23-38. November-December 1965.

The continuous activities of the Committee on Nurses for Arizona and the Joint Committee To Study Nursing Needs and Resources are traced from 1959 through 1965. Progress in carrying out recommendations of the 1950 and 1963 surveys is noted. The report updates to 1964 a statistical summary and analysis of the nurse supply and educational resources. New goals and action programs for meeting Arizona's nursing needs are recommended.

ARIZONA STATE NURSES' ASSOCIATION.

1966. "Interim Report No. 2 of the Joint Committee To Study Nursing Needs and Resources in Arizona," *Arizona Nurse*, 18 (3):14-22, May-June.

A reassessment of Arizona's nurse supply and educational resources, based on an analysis of trend data from 1958 to 1965, is made in this report. Changing county needs and additional demands for nursing services are considered. Development of a statewide plan for education in nursing and continuing education for practitioners is recommended, to meet needs for health care and 1970 goals for nursing.

ARIZONA NURSES' ASSOCIATION.

1968. "Interim Report No. 3 of The Joint Committee To Study Nursing Needs and Resources in Arizona." *Arizona Nurse*, 21 (3): 17-24 (May-June).

"Data concerning employed professional nurses licensed in Arizona for the years 1959 through 1967. Yearly percentage gain, number and source of new licensed nurses, age distribution and total number licensed and employed statistics are given. Nursing education is reviewed and data includes type of programs, number of admissions and graduations for the years 1963 to 1968. Results of a questionnaire survey to determine characteristics of inactive nurses, the interest in re-

fresher courses and likelihood of returning to active practice are also reported." (From *Abstracts of Hospital Management Studies,* V:133, June 1969.)

ARKANSAS

ARKANSAS STATE BOARD OF NURSE EXAMINERS.

1965. *Statistical Report of the Arkansas State Board of Nurse Examiners. January 1, 1965 to September 1, 1965.* Little Rock: Arkansas State Board of Health. 38 pp.

This report compiles from licensing data the number, location by county, activity status, education, and other characteristics of registered nurses and practical nurses in the State of Arkansas in 1965.

ARKANSAS STATE NURSES' ASSOCIATION.

1968. *Arkansas Health Manpower Project Report, June 26, 1967—November 30, 1968.* Little Rock: The Association. 91 pp. (processed).

This report of an 18-month project to return inactive health manpower to employment contains data from various surveys of nursing needs and resources. Included are the county distribution of inactive registered nurses and licensed practical nurses; the intention of inactive registered nurses to return to work; their needs for refresher courses; and the numbers who enrolled in, completed courses, and returned to work. Data on budgeted unfilled vacancies for registered nurses and licensed practical nurses, by county, in hospitals, nursing homes, and State health department services are included. Surveys were made on the number of registered nurses, licensed practical nurses, and non-nurse personnel employed in school and industrial health positions. Unfilled positions for industrial nurses, as well as their salary and fringe benefits, were included in the survey.

CALIFORNIA

CALIFORNIA STATE DEPARTMENT OF EDUCATION. BUREAU OF JUNIOR COLLEGE EDUCATION.

1964. *Data Regarding the Graduates of the California Associate Degree Nursing Program From the Board of Nursing Education and Nurse Registration, Six-Year Evaluation Project.* Prepared by Mrs. Helen D. Bowman, Special Consultant, California Associate in Arts Nursing Project, Bureau of Junior College Education. Sacramento. 54 pp. (mimeographed).

This report analyzes data collected by questionnaire by the Board of Nursing Education and Nurse Registration on the employment experience of 216 graduates of associate degree nursing programs in 1959 and 1960. The employment evaluation includes data on: field of nursing; type of position; length of time in position; job orientation, inservice training, and supervision received; positions or responsibilities refused; adequacy of preparation for positions held; additional training needed; and future plans related to nursing. Biographical data on 516 students entering associate degree nursing programs in 1958 and 1959 are included.

CALIFORNIA STATE DEPARTMENT OF EDUCATION.

1966. *Associate Degree Nursing Education Programs in California, 1953-1965.* Prepared by Mrs. Celeste Mercer, Special Consultant, California Associate in Arts Nursing Project, Bureau of Junior College Education, Sacramento. 69 pp.

This report of the history and Statewide development of associate degree nursing education programs in California points out some of the critical areas to be observed in planning and maintaining a successful program. Included are planning the curriculum; providing staff and facilities; developing plans and policies for the recruitment, selection, and admission of students; and organizing the administrative and supervisory relationships within the college and with other agencies. Evaluation processes for the first 6 years of program development have yielded special survey and study data on: factors related to admissions, enrollment, attrition, and graduates; attractions of the associate degree nursing program; and reasons for the closing of hospital schools.

COORDINATING COUNCIL FOR HIGHER EDUCATION.

1966. *Nursing Education in California.* A Report to the Coordinating Council for Higher Education. No. 1025. Sacramento: The Council. 51 pp.

This is a report of a study of nursing education in California conducted by the Council to provide a basis for planning. It discusses needs for nurses; basic education programs, accreditation of programs, graduate education and articulation of the segments; nursing functions, licensure, and economic incentives; and auxiliary nursing personnel. Findings in these areas are summarized, and the resolutions of the Council based on the findings are presented.

COORDINATING COUNCIL FOR HIGHER EDUCATION.

1968. *Progress Report on Nursing Education in California.* Pub. 68-13. Sacramento: The Council. 53 pp. (Processed).

This report assesses the current status and action taken on the 1966 resolutions of the Council regarding nursing education in State junior and senior colleges and the university. An assessment is made of educational programs in 1966 for licensed vocational nurses and for registered nurses, including diploma, associate degree, baccalaureate, master's, and post-master's programs. Data are presented on faculty and student resources, admissions, graduates, and percent of graduates passing State Board examinations; cost factors; and plans for expansion and development of programs. Findings and recommendations are summarized.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS. BOARD OF NURSING EDUCATION AND NURSE REGISTRATION.

1969. *Profile of Registered Nurses in California.* Sacramento: The Board. 51 pp. (processed).

This is a statistical presentation without analysis of the supply and characteristics of registered nurses licensed in California as of December 31, 1968. Data are classified by county and regions of the State and detailed by sex; age group; marital status; number employed full-time, part-time, and not employed; educational preparation; field of employment; type of position; and area of clinical practice.

HEALTH MANPOWER COUNCIL OF CALIFORNIA.

1970. *1970 California Health Manpower, Licensed Vocational Nurses.* Basic Occupational Information Series. Orinda, Calif.: The Council. 49 pp. (processed).

This report compiles available data and information on licensed vocational nurses in California. It presents trends in the supply from 1952 to 1968, as well as trends in educational programs. Data from the Board of Vocational Nurses give information on the characteristics of these nurses by age, sex, county distribution, and employment status. Also included is information on admissions, enrollments, and graduates from educational programs. The report calls attention to the limited source of data on licensed vocational nurses.

HEALTH MANPOWER COUNCIL OF CALIFORNIA.

1970. *1970 California Health Manpower, Registered Nurses.* Basic Occupational Information Series. Orinda, Calif.: The Council. 65 pp. (processed).

This report compiles data and information on the registered nurse supply from available sources. Data were obtained largely through licensure processes and accreditation procedures for nursing education programs. Trends in the nurse supply up to 1969 and the characteristics of nurses by age, sex, employment status, and distribution by county, are detailed. Trends in nursing education and the characteristics of students are also traced. The report draws implications on the need for, shortages of, and utilization of nurses for planning purposes.

COLORADO

COLORADO LEAGUE FOR NURSING and the WESTERN COUNCIL ON HIGHER EDUCATION FOR NURSING.

1963. *Report of the Colorado Committee Toward Statewide Planning for the Education of Nursing Practitioners in Colorado.* Denver: The League. 74 pp.

Nursing service personnel employed by the health services and educational programs for nursing were assessed as a basis for the later development of guidelines and criteria for the expansion of education programs. The study includes a regional analysis of registered nurses and licensed practical nurses, by type and characteristics of their work places, as well as an analysis of educational resources for the years 1955 to 1962. Needs and demands for personnel are estimated.

COLORADO NURSES' ASSOCIATION.

1968. *Inactive Health Personnel Project Final Report.* Denver: The Association. 46 pp. (processed).

This report is devoted principally to inactive registered nurses in 1967 and 1968, their characteristics as to age, marital status, educational preparation, work experience, and intention to return to work. It includes a history of refresher courses for inactive registered nurses, programing procedures, and the number of nurses who completed courses and returned to work. A brief review is given of Colorado's registered nurse supply, from 1962 to 1966 and the nursing education situation by type of program. Also included are projections of educational resources to 1977 and the State plan for nursing education.

CONNECTICUT

CONNECTICUT COMMISSION ON NURSING.

1966. *Nursing Needs and Resources in Connecticut, A Report of the Connecticut Commission on Nursing, 1966.* Sponsored by the Connecticut League for Nursing, Connecticut Nurses' Association, and Connecticut Hospital Association. Hartford: The Commission. 49 pp.

The Commission studied nursing personnel resources and needs in hospitals, public health agencies, nursing homes, and schools of nursing. Action for meeting needs was recommended in the areas of planning, recruitment, job satisfaction, and postgraduate education. Priority was given to the need for properly organized and financed continuous planning for nursing as a responsibility of the State Departments of Health, Education, and Labor, and all other public and private agencies concerned.

DISTRICT OF COLUMBIA

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. BUREAU OF HEALTH MANPOWER. DIVISION OF NURSING.

1967. *Community Planning for Nursing in the District of Columbia Metropolitan Area. Source Book for Planning.* PHS Pub. 1676. Washington: U.S. Government Printing Office. 143 pp.

This source book was designed as a tool that can be used by planning groups in other metropolitan areas to identify sources and select data pertinent to their problems, issues, and situations. However, it is also a data survey and analysis of nursing needs and resources in the District of Columbia

metropolitan area, and draws implications for planning. Statistics and information are presented on the demography of the area; health conditions, expenditures, facilities, and services; and socioeconomic factors as they relate to the nurse supply, nursing education resources, and nursing needs.

GEORGIA

GEORGIA EDUCATIONAL IMPROVEMENT COUNCIL.

1969. *Nursing Education in Georgia.* By Pat Malone. Atlanta: The Council. 103 pp.

In this 18-month statewide study of nursing education, the educational resources were examined against the 1967 nurse supply, the needs and demands for nurses, and such influencing factors as career and employment incentives, new career patterns, and changing health services. Quantitative needs are projected to 1975, and broad recommendations are made for increasing and improving the nurse supply and strengthening the educational program. The involvement in the study of selected leaders and professional groups and the wide participation of health and educational institutions and agencies should lay a firm basis for local, regional, or area planning to find specific solutions for nursing problems and to obtain cooperation in developing programs for meeting needs.

HAWAII

KOSAKI, MILDRED D.

1962. *Nursing and Nursing Education in Hawaii.* Report No. 3. Legislative Reference Bureau, University of Hawaii. Honolulu, Hawaii. 117 pp.

This study found the supply of registered nurses and practical nurses and facilities for basic nursing education to be adequate in Hawaii in 1961. However, it predicted definite shortages for practical nurses and probable shortages for registered nurses by 1970. Programs in basic nursing education that were not meeting admission quotas were identified, and needs for the advanced educational preparation of nurses in specialty fields, supervision, and administration were pointed up. Legislative action to promote nursing education was recommended, as well as the collaboration of nursing with other health professions for meeting specified problems in nursing service and nursing education.

UNIVERSITY OF HAWAII. LEGISLATIVE REFERENCE BUREAU.

1969. *Nursing In Hawaii, 1968.* Report No. 4. Honolulu: The University. 52 pp.

This is a report on the number of registered nurses employed in Hawaii in 1968, and the needs for nurses projected by employing agencies for 5 and 12 years. It concluded that, barring marked changes, the presently projected number of nursing school graduates and nurses coming to Hawaii from other States and countries is adequate to fill the near-term needs of the State. No assessment or recommendations are made on employment and career incentives, the utilization of nursing personnel, or other factors and conditions influencing nursing practice and education in Hawaii.

IDAHO

UNIVERSITY OF IDAHO. COLLEGE OF EDUCATION. THE STATE OCCUPATIONAL RESEARCH UNIT.

1967. *A Study of the Nursing Profession in Idaho Medical Facilities.* Moscow: The State Occupational Research Unit. 23 pp.

This is a report of a questionnaire survey of hospitals and nursing homes within the State of Idaho. The survey was made to obtain factual data concerned primarily with descriptive information about the facilities and the nursing service personnel working therein.

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION. MOUNTAIN STATES REGIONAL MEDICAL PROGRAM. IDAHO OFFICE.

1969. *Nursing in Idaho: A Study of Nursing Needs and Resources.* Boulder, Colo.: The Commission. 86 pp.

This first statewide survey of Idaho's nursing needs and resources was prepared as a guide for understanding the nursing manpower problems of the State and for planning to meet nursing education needs. The 1967-68 supply and characteristics of active and inactive registered nurses are analyzed, including county distribution, ratio to population, attrition, migration, and source of supply. Nursing education resources in 1968 are assessed, and needs for registered nurses are projected for 1970, 1975, and 1980. Recommendations made on nurse manpower, utilization, recruitment, and education include a proposal for the formation of a permanent education planning committee under the auspices of the Statewide Coordinating Committee on Nursing Education. The survey includes data on the distribution, activity status, and ratio to population of licensed practical nurses.

ILLINOIS

TOMLINSON, R. M.; ASH, C. L.; LANGDON, LOIS M.; and SUZUKI, W. N.

1967. *Practical Nursing in Illinois: A Profile.* Department of Vocational and Technical Education, College of Education, University of Illinois, in cooperation with the Illinois Board of Vocational Education and Rehabilitation, and the U.S. Office of Education. Urbana: University of Illinois. 160 pp. (processed).

The first report on a longitudinal study of practical nursing in the States of Illinois and Iowa details preliminary findings on practical nursing in Illinois. The development of practical nursing in the State is traced and related to the characteristics

of the population of licensed practical nurses, their employment patterns, and the program through which they are prepared. A 10 percent sample of practical nurses licensed from the inception of licensure in 1951 through 1965 was used in the study.

ILLINOIS STUDY COMMISSION ON NURSING.

1968. *Nursing in Illinois. An Assessment, 1968, and A Plan, 1980.* Chicago: The Commission. 64 pp.

This is a report of a 2-year, in-depth planning project that has recommended programs of action to meet Illinois' needs for nursing services by 1980. Assessment of nursing needs and resources and the development of recomendations by the Commission's representatives of interdisciplinary health groups and the public were supported by documentation and analysis of the nursing situation from available socioeconomic, health, and nursing data, as well as six special studies conducted by questionnaires, and a research study on nurse utilization in hospitals. The report includes a blueprint for nursing education.

ILLINOIS STUDY COMMISSION ON NURSING.

1968. *Nursing In Illinois. An Assessment, 1968, and A Plan, 1980. Vol. II, Committee Reports.* Sponsored by the Illinois League for Nursing and Illinois Nurses Association. Chicago: The Commission. 136 pp.

"This volume, supplementary to the main report published as volume 1, contains the principal data, forecasts, and recommendations of the seven-nurse occupational-area committees through whom the primary work of the Commission was done." Reports of special surveys undertaken by the Committees are included.

INDIANA

INDIANAPOLIS HOSPITAL DEVELOPMENT ASSOCIATION.

1965. *Survey of Nursing Resources in Indianapolis Metropolitan Area.* Indianapolis: The Association. 157 pp.

The goal of this study was to estimate demands and the nursing resources required for meeting community needs from 1965 to 1975 as part of planning for the expansion of health facilities. Data on hospitals, nursing homes, high school seniors, graduates from nursing schools from 1935 to 1964, and on the cost of nursing education—all were collected by special surveys and assessed with available data on the nurse supply and its characteristics.

INDIANA COMMITTEE ON NURSING.

1967. *Nurses for Indiana, Present and Future. Survey Report of the Nursing Needs and Resources in Indiana, 1967.* Indianapolis: The Committee. 132 pp.

This study assessed the statewide demand for, distribution of, and characteristics of the supply of registered nurses, licensed practical nurses, and aides; their working conditions; and their educational preparation. Recommendations developed from the 2-year study give directions for improving the quantity and quality of the supply to meet estimated needs up to 1975, in relation to educational programs, population growth, and health trends.

HILL, RAYMOND E.

1968. *A Summation of the Nursing Resources Follow-up Survey.* Indianapolis Hospital Development Association, Inc. Indianapolis, Ind. 30 pp.

"The seven nursing education institutions in the metropolitan Indianapolis area operative since 1964 each completed a questionnaire to update data from the 1964 Booz, Allen and Hamilton nursing resources survey, assessing the supply of nurses currently being educated and collecting pertinent statistics regarding the students and the institutions involved. Data are tabulated by type of program." (From *Abstracts of Hospital Management Studies*, V: 127. June 1969.)

KANSAS

KANSAS STATE BOARD OF NURSING and KANSAS STATE NURSES' ASSOCIATION.

1963. *Reappraisal Study of Nursing Needs and Resources: A Follow-up of the Survey of Nursing Needs and Resources, 1958.* Kansas League for Nursing, Implementation Committee. Topeka, Kans.

In accordance with a recommendation of the initial survey of nursing needs and resources, data from the 1958 study were updated, needs and resources were reappraised, and progress in the accomplishment of the 1958 recommendations was assessed. Needs and goals for nursing in 1970 were projected, and recommendations for action programs were formulated.

KANSAS HEALTH FACILITIES INFORMATION SERVICE. INC.

1965. *A Study of Nursing Needs and Goals in Kansas Through 1975.* Pub. 108. Topeka: The Service. 33 pp. (processed).

This study assessed the characteristics of the 1964 supply of registered nurses and licensed practical nurses, nursing education programs, and trends in nursing manpower, as a basis for long-range planning for nursing by an interdisciplinary health group. Nursing personnel goals for 1975 were established, based on expected need and the ability to meet that need. Recommendations propose a broad attack on the problems of recruitment, preparation, and utilization of nursing personnel.

KANSAS HEALTH FACILITIES INFORMATION SERVICE, INC.

1966. *Recommendations and Guidelines for Action: Supplement to A Study of Nursing*

Needs and Goals in Kansas Through 1975. Topeka: The Service. 9 pp. (processed).

Recommendations from the 1965 study are outlined, with steps and guidelines for accomplishment and designation of a group or agency having primary responsibility for implementation.

KANSAS HEALTH FACILITIES INFORMATION SERVICE, INC.

1968. *Recomendations for Development of Nursing Education in Kansas.* Pub. 108-A. Topeka: The Service. 30 pp. (processed).

This study is part of a continuing effort to plan for nursing needs and resources in Kansas. The report revises projections of nursing needs through 1975. It presents guidelines for program development in nursing education; general criteria for the establishment of new nursing education programs; and recommendations for immediate program development by type of program, geographic location, and educational institution. Recommendations for development of nursing education planning on a regional basis are included.

KENTUCKY

KENTUCKY NURSES' ASSOCIATION.

1968. *Nursing in Kentucky.* Louisville: The Association. 61 pp.

This is a report of the first statewide survey of the nurse supply and nursing education resources in Kentucky, prepared as a basis for planning for nursing education. It includes a statistical analysis of the number of active and inactive registered nurses and licensed practical nurses in 1967-68, and their characteristics. Trend data on nursing education facilities and student resources from 1957 to 1967 are presented, including data on applicant experience, withdrawals, faculty, and clinical facilities. Numeral goals for the registered nurse supply are proposed for 1972, 1975, and 1980. Implications are drawn from the data, and recommendations relative to nursing education are made for meeting quantitative and qualitative needs.

LOUISIANA

LOUISIANA STATE NURSES' ASSOCIATION AND LOUISIANA LEAGUE FOR NURSING.

1962. "The State of Nursing in the State of Louisiana. A Re-Survey of Nursing Needs and Resources in Louisiana, 1950-60." *Pelican News*, New Orleans, La., pp. 10-15 (October).

This report briefly presents a picture of the nurse supply, nursing education resources, and needs for nurses in Louisiana in 1960. It is a reappraisal of Louisiana's nursing needs and capabilities conducted to determine progress made since the 1955 re-survey.

LOUISIANA STATE NURSES' ASSOCIATION. RECRUITMENT DIVISION.

1968. *Fifth Quarterly Report, August 1, 1968—October 31, 1968 (Final Quarterly Report).* Project To Assist in Return of Inactive Health Personnel to Active Employment in Louisiana. New Orleans: The Association. 40 pp. (processed).

This report is primarily a résumé and evaluation of the experience and effect of 15 refresher courses and public relations activities in returning inactive registered nurses to employment. The appendix includes a work status followup on nurses who took refresher courses from June through November 1968 and on those who had returned to work by October 1968, as well as a projection of the number of returnees for the next 3 months. Data on the county distribution of known inactive nurses in September-October 1968 and the number interested in taking courses are included.

MAINE

HEALTH FACILITIES PLANNING COUNCIL OF MAINE.

1966. *Nursing Personnel Resources: An Analysis of the Supply of Registered Professional Nurses in Maine.* Augusta: The Council. 31 pp. (processed).

The 1966 supply of registered nurses with current licenses was analyzed as to its distribution throughout the State. Inactive nurses were surveyed by questionnaire to elicit their interest in returning to work, in order to determine the potential work force within this pool for meeting nurse manpower requirements.

MARYLAND

PLANNING COUNCIL FOR THE BOARD OF HEALTH AND MENTAL HYGIENE.

1966. *Survey of Nursing Needs and Resources in Maryland. Report of the Planning Council for the Board of Health and Mental Hygiene, State of Maryland.* Whitehurst Hall, University of Maryland, Baltimore, Md. 125 pp. (processed).

The 1962 Inventory of Registered Professional Nurses, together with State licensing data for practical nurses, was used to assess the supply of registered nurses and licensed practical nurses in Maryland, by activity status, field of employment, county of residence, and level of educational preparation. Needs for nursing personnel were projected to 1975, including recommended levels of educational preparation and ratios for professional, technical, and auxiliary personnel. Measures for improving career and employment incentives were proposed.

MASSACHUSETTS

RESEARCH DEPARTMENT. ECONOMIC RESEARCH AND

SPECIAL REPORTS.

1966. *Preliminary Report, Survey of Professional Nurses and Practical Nurses With Active Massachusetts Registrations and Licenses, July—September, 1966.* The Commonwealth of Massachusetts, Division of Employment Security, Boston, Mass. 22 pp. (processed).

Active and inactive registered nurses and practical nurses licensed in the State in 1966 were surveyed by questionnaire to determine the potential work force. Measures for encouraging more of the inactive nurses to return to work were recommended.

MALONE, MARY F.

1968. *Educational Horizons for Nursing in Massachusetts. A Report on Nursing Education in the Commonwealth of Massachusetts, With Recomendations for the Future.* Vol. 3 of the Board of Higher Education Series. Boston: The Board. 113 pp.

This study of the nursing education situation in Massachusetts was prepared for the Board of Higher Education as a prerequisite for planning for a system of nursing education to meet the State's service and education needs for nursing personnel. It includes trend data, 1962-67, obtained by questionnaires and interviews on all types of nursing education programs, applicants, admissions, graduations, attrition rates, faculty, clinical facilities, and the characteristics of students. School enrollments are projected to 1972 and 1980. The report includes an evaluation of the data, their implications and recommendations. Copies of questionnaires used in the study and a list of approved schools of nursing in Massachusetts are in the appendix.

MASSACHUSETTS NURSES ASSOCIATION.

1968. *Health Manpower Project. A Study of Inactive Professional Health Personnel in Massachusetts.* Boston: The Association. 113 pp. (processed).

This is a report of a 15-month project to identify and return registered nurses to active employment. It includes findings of a survey of inactive registered nurses conducted in May and June 1968, their characteristics, work experience, intention to return to work, and interest in refresher programs. A report of a survey of employment opportunities for inactive registered nurses is also included, as well as recommendations for further study.

THE COMMONWEALTH OF MASSACHUSETTS. EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE.

1970. *Profesional Nursing In State Service: Needs and Recommendations. Training Needs of Massachusetts Nurses in the 70's. A Skills Inventory of Registered Nurses Employed by the Commonwealth of Massachusetts.* Prepared by Barbara Woods, Employment Training Section, Bureau of Personnel and Standardization, Boston. 66 pp. (processed).

This report proposes means for meeting the continuing education needs of registered nurses employed in State services. It reiterates and supports the 1969 recommendations of the Governor's Committee on Nursing for the recruitment and retention of these nurses. Survey data and other information are reported on the following: length of employment of registered nurses in State service; levels of their educational preparation and educational needs; the cost of post-basic education; and sources and types of financial assistance available for educational purposes.

MICHIGAN

MICHIGAN LEAGUE FOR NURSING.

1966. *Nursing Needs and Resources in Michigan, Today and Tomorrow. A Report to the People of Michigan from the Michigan League for Nursing and Michigan Nurses Association, 1966.* Detroit: The League. 62 pp.

The report of the 2-year study for planning for nursing service and educational needs and resources includes estimates of the numbers, kinds, and levels of educational preparation of nursing personnel existing and needed for regions within the State. Guidelines and recommendations for increasing the supply and the expansion of educational facilities are included.

ADVISORY COMMITTEE ON NURSING EDUCATION TO THE CITIZENS COMMITTEE ON EDUCATION FOR HEALTH CARE. STATE BOARD OF EDUCATION.

1969. *Nursing Education Needs in Michigan. Report of the Advisory Committee on Nursing Education.* Pub. Series 1, No. 3. Education for Health Care Project, School of Public Health, The University of Michigan, Ann Arbor, Mich. 48104. 60 pp.

This study recommends a mechanism for State planning for nursing education in Michigan within the structure of State government. From a review and analysis of existing studies of nursing in Michigan and other studies of nurse staffing, recommendations relative to the development of a State plan for nursing education are also made. These recommendations concern the following: continued learning for nursing manpower, the effective utilization of nursing manpower, the expansion of nursing education facilities, student recruitment, and financial support for nursing education.

FAHS, IVAN J., and OLSON, LINDA G.

1970. *Nursing in the Upper Midwest. Focus on the Upper Peninsula of Michigan.* The Upper Midwest Nursing Study, Upper Midwest Research and Development Council. Minneapolis, Minn. A study sponsored by the Louis W. and Maud Hill Family Foundation of St. Paul, Minn. 35 pp. (processed).

This report, produced in cooperation with the Citizens' Committee on the Study of Nursing in the Upper Peninsula, is an analysis of the supply of nursing personnel, nursing education programs, the utilization of nursing personnel, and projected needs for nurses in the Upper Peninsula of Michigan. Nurse manpower supply and needs are related to the demographic and socioeconomic conditions and to the availability of health facilities and health care in the area.

MINNESOTA

MINNESOTA BOARD OF NURSING.

1967. *Nursing in Minnesota, A Statistical Review, February 1967.* Saint Paul: The Board. 47 pp.

This data source book updates to 1966 the 1961 edition of background statistics and information on Minnesota's nursing services, nursing personnel, and educational resources. Data were compiled from licensing processes, reports to the State Board of Nursing on educational programs, and health program reports. Some data depict trends since 1950. Data are tabulated by county and are compared with the national average. Information on nursing scholarships is included.

FAHS, IVAN J., and BARCHAS, KATHRYN.

1969. *Nursing in the Upper Midwest. Focus on the State of Minnesota.* The Upper Midwest Nursing Study, Upper Midwest Research and Development Council. Minneapolis, Minn. A study sponsored by the Louis W. and Maud Hill Family Foundation of St. Paul, Minn. 125 pp. (processed).

This report is a data source book and analysis of nursing needs and resources in Minnesota. It represents the study phase of planning for nursing education and nursing service in Minnesota, initiated by the Citizens Committee for Nursing in Minnesota. Trends in nursing in the State, the supply of nursing personnel, nursing education programs, the utilization of nursing personnel, and projected needs for nurses are described. Demographic, economic, and health information bearing on nursing needs and resources are analyzed within the context of the Upper Midwest as a region. The recommendations growing out of the study and the plan for nursing are reported in *To Meet the Need*, also published by the Upper Midwest Research and Development Council, May 1970.

UPPER MIDWEST NURSING STUDY.

1970. *To Meet The Need.* Minneapolis, Minn.: The Study. 18 pp.

This brochure presents the recommendations of the Citizens' Committee for Nursing in Minnesota. The recommendations are intended to form the basis for the development of a plan for nursing service and nursing education in the State. Needs for nurses are projected to 1985, and actions needed in these five areas are emphasized: diploma education, baccalaureate education, graduate education, associate degree education, and career mobility.

MISSOURI

MISSOURI DIVISION OF HEALTH.

1968. *Inactive Registered Nurses, A Missouri Study.* Jefferson City: The Division. 63 pp.

This is a report of a survey conducted in the State of Missouri between November 1967 and March 1968 to determine the size of the inactive nurse pool and to assess the potential within this resource for reactivation in nursing employment. The survey included inactive nurses re-registered during the period 1966-67 and some graduates of approved schools for registered nurses who were not registered at the time of the survey. The age, marital and family status, and educational preparation of these nurses are delineated. Their reasons for and period of inactivity are detailed, as well as their interest in returning to work and in refresher courses. Information on the incentives or deterrents to re-employment in nursing is also given.

MISSOURI NURSING FUTURAMA.

1969. *Facts about Nursing and Health Care in Missouri.* Ingeborg G. Mauksch, Ph.D., Project Director, and Sally Anne Chier, M.S.H., Associate Project Director. Columbia, Mo. 75 pp.

Pertinent available data are compiled in this source book to describe the nursing situation in Missouri, its socioeconomic background, and factors influencing the practice of nursing. Data from a 1969 questionnaire survey of schools of nursing preparing registered nurses and practical nurses are also included. No evaluation or recommendations are made. The source book is intended as a basic tool for initiating an assessment and for developing a plan of action for nursing in Missouri.

NEBRASKA

MARTIN, CORA ANN.

1967. *Nebraska's Nurse Supply, Needs and Resources: 1966.* Section of Hospitals and Medical Facilities, Nebraska Department of Health. Lincoln, Nebr. 57 pp. (processed).

This reappraisal of needs and updating of the 1951 statewide study include data on the numbers of registered nurses and licensed practical nurses and aides, by fields of practice, for 1966; the characteristics of educational programs and students; and the numerical needs for nursing personnel expressed by hospitals and other institutions. Recommended are acceleration of advanced training for leadership positions, re-design of the educational system, increased financial aid for students, and improved salaries and working conditions for nurses.

NEVADA

1964. *Nursing in Nevada, 1964. A Reappraisal of Needs and Resources. Toward Statewide Planning for the Education of Nursing Practitioners and Quality Nursing in Nevada.* Nevada Tuberculosis and Health Association. Las Vegas, Nev. 77 pp. (processed).

This study by an interdisciplinary group assessed the characteristics of the registered nurse and licensed practical nurse supply in 1963, and the health and educational facilities and resources. The study also projected needs for nursing personnel by 1970. It set goals for the future and recommended actions including activities in continuing education, recruitment, staffing studies and definition of role, and the establishment of a second school of nursing for the State—an associate degree program.

NEW JERSEY

KENNEDY, JOHANNA; and SOOTKOOS, ALPHONSE.

1965. *An Assessment of Nursing Resources and Needs in New Jersey.* Unpublished report to the Committee To Survey Nursing Needs, Resources, and Supply in New Jersey, 1965. New Jersey State Nurses' Association, Montclair, N.J. 17 pp. (processed).

This study assessed the supply and need for nurses for New Jersey's private and public health agencies, as well as resources for nursing education.

CHIMERA, NANCY T.

1966. *A Plan for Nursing Education for New Jersey, 1966-1975.* Final Report submitted to Dr. Roscoe R. Kandle, Commissioner of Health, State of New Jersey, and Chairman, Governor's Task Force on Nursing. Trenton, N.J. 65 pp. (processed).

The report suggests a plan for nursing education for New Jersey, based on *A Position Paper* by the American Nurses' Association. As recommended by the Governor's Task Force on Nursing, the plan was to become part of the Master Plan for Higher Education in New Jersey. An estimate of the supply and needs for registered nurses and licensed practical nurses through 1975 is included, as well as a survey of educational resources, their anticipated expansion, and the development of new programs. Available clinical facilities for student experience, the expected output of nursing schools, and the cost to the State for educational programs required for meeting the State's nursing needs were delineated.

GOVERNOR'S TASK FORCE ON NURSING.

1968. *Interim Report on Nursing Education of the Governor's Task Force on Nursing.* Feb. 7, 1968. Trenton, N.J.: The Task Force. 5 pp.

This report briefly outlines the purposes, activities, and accomplishments of the Task Force since its inception in January 1965. It summarizes recommendations for assuring an adequate supply of well-prepared nurses for the foreseeable future, in these areas: pre-service education, continuing education, recruitment, and comprehensive planning.

NEW MEXICO

DILLMAN, EVERETT G.

1964. *New Mexico Nursing Needs and Resources: The Situation.* College of Business Administration, Univ. of New Mexico, Albuquerque. 19 pp.

This report updates the 1952 Survey of Nursing Needs and Resources in New Mexico. The characteristics of the 1964 supply of registered nurses and licensed practical nurses, by fields of employment, and the number of aides employed in hospitals and other institutions, are analyzed. Factors such as economic incentives, turnover, staffing ratios, and the extent of inservice education programs are examined. Demands for nursing personnel are estimated, and projected needs for 1970 are computed on three bases: (1) considered as absolute minimum; (2) reasonable minimum; and (3) lowest adequate levels. The ability of educational programs to meet these needs is assessed. No recommendations for needed action are included.

NEW YORK

UNIVERSITY OF NEW YORK.

1965. *A Survey of Registered Professional Nurses Employed in Hospitals in New York State.* The State Education Department, Division of Professional Education, Albany, N.Y. 25 pp.

A questionnaire survey was conducted in November 1963 to obtain information about full-time and part-time employment, vacancies, and the educational preparation of registered nurses in hospitals. Data were compiled by type of hospital and geographic area of the State. Implications for meeting needs for registered nurses were drawn from the survey findings.

HOSPITAL REVIEW AND PLANNING COUNCIL OF SOUTHERN NEW YORK, INC.

1966. *Study of Nurse Education Needs in the Southern New York Region, 1964-1965.* In cooperation with National League for Nursing and Division of Nursing, U.S. Public Health Service. New York: The Council. 93 pp.

Needs for increasing the nurse supply—particularly in relation to hospitals and institutions—and educational resources, their capabilities, and potential for expansion, are analyzed for 14 counties in New York State. Recommendations for meeting education requirements are made.

NEW YORK UNIVERSITY. STATE EDUCATION DEPARTMENT. DIVISION OF PROFESSIONAL EDUCATION. BUREAU OF RESEARCH IN HIGHER AND PROFESSIONAL EDUCATION.

1966. *Personal and Employment Characteristics of Professional Nurses Registered in New York State.* Albany: The Department. 61 pp.

This survey to determine the supply of active nurses in New York describes their personal and employment characteristics and the personal characteristics of inactive nurses. It identifies the nursing positions for which baccalaureate and graduate education are recommended. The data were collected by a questionnaire given those registered in New York State from Sept. 1, 1961, to Oct. 31, 1962.

NEW YORK STATE EDUCATION DEPARTMENT.

1966. *Facts About Nurses and Nursing in New York State.* Office of Nurse Education, Division of Professional Education, Albany. N.Y. 40 pp. (processed).

Statistics on the characteristics of registered nurses, by geographic area of the State, compiled from licensing and inventory data for the biennium 1961-63, are included in this report. Also included are trend data on the supply of practical nurses and nursing education programs and resources. In addition, there are data on budgeted position vacancies in health agencies.

NEW YORK STATE NURSES' ASSOCIATION.

1969. "New York State Nurses—A Statistical Survey." *New York State Nurse,* 41 (2): 9-10 (March). Albany: The Association.

"Report and analysis of an inventory of registered nurses in New York for 1968. Survey includes data on age, sex, marital status, education and employment of 110,495 nurses in the State. These data are compared with figures from a 1964 survey." (From *Abstract of Hospital Management Studies,* Vol. VI: 145. June 1970.)

REPORT OF THE JOINT COMMITTEE ON COMMUNITY PLANNING FOR NURSING EDUCATION, ROCHESTER AND ELMIRA REGIONS, NEW YORK STATE.

1971. *A Project To Determine The Direction and Studies Needed For Areawide Planning In Nursing Education.* New York: Genesee Valley Nurses' Association. 62 pp. (processed).

This report on a project to prepare plans for nursing education in a specific region considered its ultimate objective to be the improvement of health care. Two major forces which define the conditions for the realization of this objective were declared to be: the public's determination to create a universal system of health care, and the public's changing expectations of education. The task central to this project was to analyze the significance of these two forces and to incorporate them into the recommendations on the future development of nursing education for this region.

A summary of the Joint Committee's findings and recommendations are included. These recommendations, 16 in all, are categorized under the following headings: nursing resources for expanded health care; increasing opportunity in nursing; future patterns of nursing education; cooperative planning for nursing education; maintaining pace with advances in health science; and increased financial support for nursing education and research.

NORTH CAROLINA

BROWN, RAY E.

1964. *Report of Survey of Nursing Education in North Carolina.* Sponsored by North Carolina Board of Higher Education, North Carolina Medical Care Commission, and North Carolina State Board of Education. Raleigh, N.C. 42 pp.

The system for educating registered nurses in the State was analyzed in this study, which included 5-year trend data on the input and output of schools and the academic qualifications of employed nurses. Numerical estimates of needs were not delineated, but higher education—including the junior colleges—was charged with responsibility for meeting the needs for well-prepared nurses at all levels. A continuing joint committee for assuring systematic planning for nursing education on a statewide basis was recommended.

NORTH CAROLINA BOARD OF HIGHER EDUCATION.

1967. *Nursing Education in North Carolina, Today and Tomorrow.* Research Report 2-67. Raleigh: The Board. 126 pp.

Part of the development of a long-range plan for all higher education in North Carolina was a long-range planning study on nursing education on a statewide basis. This study updates the 1964 survey of nursing education in the State, and analyzes the student potential for each type of nursing program and the availability of nursing programs to meet these needs. It projects the number, type, and location of new programs and faculty needed to meet the future nursing needs of the State.

NORTH DAKOTA

North Dakota League for Nursing.

1968. *A Study of Inactive Health Personnel in North Dakota.* Bismarck: The League. 161 pp. (processed).

This report of the State's project to identify and recruit inactive nurses for employment covers the period July 1, 1967 through October 31, 1968. The report contains survey data on the number of licensed and unlicensed registered nurses and licensed practical nurses not employed in nursing, their characteristics, reasons for inactivity in nursing, and desire for refresher courses and to return to work. Refresher course activities are reported, as well as a followup work status survey of nurses completing courses. The survey questionnaires, refresher course curricula outlines, and student evaluation of courses are included.

Fahs, Ivan J., and Barchas, Kathryn.

1969. *Nursing in the Upper Midwest. Focus on the State of North Dakota.* The Upper Midwest Nursing Study, Upper Midwest Research and Development Council. Minneapolis, Minn. A study sponsored by the Louis W. and Maud Hill Family Foundation of St. Paul, Minn. 65 pp. (processed).

This report is a data source book produced as part of a study of nursing needs and resources in North Dakota. The study was conducted to develop a State plan for nursing that would bring about meaningful action. Trends in nursing in the State, the supply of nursing personnel, nursing education programs, the utilization of nursing personnel, and projected needs for nurses are described. Demographic, economic, and health information bearing on nursing needs and resources are analyzed within the context of the Upper Midwest as a region. Recommendations growing out of the study are reported in *The Need To Know,* published by the Upper Midwest Research and Development Council, June 1969.

Upper Midwest Nursing Study.

1969. *The Need To Know.* Minneapolis: The Study. 17 pp.

This is a summary popular report of the North Dakota Joint Committee on Nursing Needs and Resources sponsored by the North Dakota Nurses' Association, the North Dakota League for Nursing, and the North Dakota Hospital Association. The study was supported by the research of the Upper Midwest Nursing Study. The report graphically presents the situation in nursing education, manpower, and utilization in North Dakota. Future needs for nurses are estimated, and steps to be taken to meet the need are projected.

OHIO

Ohio State Nurses Association.

1964. *Projected Needs for Nursing Education in Ohio. A Report to the Ohio Board of Regents.* Columbus: The Association. 52 pp.

Guidelines for developing nursing programs as part of the State's master plan for higher education are presented in this report. An assessment of the characteristics of and factors affecting programs, facilities, and resources for initial and graduate education for registered nurses and practical nurse education was supported by a compilation of trend data from 1956 to 1963. Estimates of the number of nurses needed to be educated by 1975 were related to the State's present supply and the future needs of service agencies.

Herron, Irene.

1968. *Exploratory Study of Nursing Education and Nursing Service in Northwestern Ohio.* Medical College of Ohio at Toledo. 37 pp. (processed).

This study is a statistical presentation on the number of nursing personnel employed in hospitals, nursing homes, and public health agencies in northwest Ohio in 1968, as well as faculty, student, and program resources and characteristics in nursing education. It reports opinions solicited by interview on nursing needs and methods or routes for the preparation of personnel for nursing practice. A "model plan" for an orderly transition of nursing education from hospital diploma schools to collegiate institutions in the Northwest Ohio area during the period 1967 through 1976 is detailed.

OKLAHOMA

Waddle, Frances I.

1965. *Planning for Nursing Education—A Study of Current Resources and Future Needs.* Preliminary report; unpublished. Sponsored by Oklahoma League for Nursing, Oklahoma State Nurses Association, and Oklahoma Board of Nurse Registration and Nursing Education. Oklahoma City, Okla. 100 pp. (processed).

The number of active and inactive registered nurses and licensed practical nurses in the State in 1964; characteristics of the supply; needs for nursing service; levels of staffing; functions of personnel; and types of inservice education programs in hospitals, nursing homes, and public health agencies—all these were studied in relation to educational resources. Needs for 1970 were estimated and feasible goals determined.

Oklahoma Health Intelligence Facility.

1968. *Analysis of Health Manpower Data Regarding Registered Nurses in Oklahoma, 1966.* University of Oklahoma Medical Center and The Oklahoma Science Foundation. Oklahoma City, Okla. 35 pp. (processed).

This report is a statistical analysis of registered nurses in 1966, including their employment status, type of activity, educational background, personal characteristics, special training, and geographic location in the State.

PENNSYLVANIA

HOSPITAL EDUCATIONAL AND RESEARCH FOUNDATION OF PENNSYLVANIA.

1969. *Pennsylvania Nursing Facts.* Prepared by Pennsylvania Nurses Association and Hospital Educational and Research Foundation. Camp Hill, Pa.: The Foundation. 119 pp.

This report is primarily a statistical description of the characteristics of registered nurses licensed in Pennsylvania, their education, and their utilization. Trend data are presented on educational resources from 1958 through 1968, and on the nurse supply from 1949 through 1966. The characteristics of the 1966 nurse supply is detailed as to age, activity, and marital status; educational and position level; and field of employment, much of which includes a county data base. The report is intended as a source document for health and education planners, for educators of health manpower, and for guidance counselors.

PUERTO RICO

COMMONWEALTH OF PUERTO RICO. DEPARTMENT OF HEALTH.

1967. *Study of Nursing Resources in Puerto Rico.* Division of Nursing, Health Bureau. San Juan: The Department. 60 pp. (processed).

This study consists of a compilation and analysis of statistical data on the registered nurse supply in 1966, and the educational resources for their preparation. Data were obtained by a questionnaire survey of a 50 percent sample of registered nurses and from two special studies on staffing ratios. Included are the age, educational preparation, activity status, field of employment, position level, and geographic distribution of these nurses. Needs for additional nurses are projected, and implications and recommendations are drawn from the data.

DEPARTMENT OF HEALTH. NURSING DIVISION. OFFICE OF SPECIALIZED SUPPORTING SERVICES FOR SUPERVISION AND CONSULTATION. OFFICE OF THE SECRETARY OF HEALTH.

1969. *Nursing Education in Puerto Rico.* Report of Study in Nursing Education. San Juan: The Department. 93 pp. (processed).

This is a report of a study of nursing education in Puerto Rico conducted to provide a base for program planning and budgeting by the Department of Health. Recommendations for the expansion, development, and support of nursing education to meet the needs and demands for nursing personnel are supported by data secured from all nursing education programs by questionnaires and interview. The characteristics of programs and students are detailed, and two levels of need for registered nurses are projected to 1980.

RHODE ISLAND

RHODE ISLAND COUNCIL OF COMMUNITY SERVICES, INC.

1964. *Nursing Needs and Resources in Rhode Island. A Survey by the Rhode Island Council of Community Services, Inc. In Cooperation with the Rhode Island League for Nursing.* Providence: The League. 84 pp.

State Board licensing data and survey questionnaires were used in this study to secure data for analysis. Included were the 1963 supply of registered nurses, licensed practical nurses, and nursing aides; additional needs for nursing personnel; employment conditions; and other factors affecting nursing; all by field of practice. Data were analyzed and needs were assessed by interdisciplinary health groups. To meet increased needs for nursing personnel, the following were recommended: improved utilization, economic incentives, upgrading of personnel through training, intensified recruitment efforts, financial assistance for nursing education, and statewide planning for nursing education.

SOUTH CAROLINA

GOVERNOR'S SPECIAL COMMITTEE ON NURSING.

1963. *Report of the Governor's Special Committee on Nursing.* Columbia, S.C.: The Committee. 8 pp.

In February 1963, the Governor appointed an interdisciplinary committee of representatives from professional associations, health agencies, nursing schools, and higher education, to formulate recommendations for developing a State plan for action for nursing service and nursing education. An analysis of available data, previous studies, and the services of national level consultants were utilized to assess the nursing situation. The plan recommended the following: Specified measures for cooperative action between colleges and universities, health agencies, and schools, for improving nursing education and the competencies of nursing faculty and personnel; expansion of baccalaureate programs; development of a graduate nursing program; and provision of nursing consultants in service and education in the State Board of Nursing. Creation of a nine-member Committee on Nursing to lend support to implementation of the statewide plan was strongly advised.

MEDICAL COLLEGE OF SOUTH CAROLINA.

1963. *The Education of Nurses in South Carolina. A Report.* Committee on Nursing, Board of Trustees, Medical College of South Carolina, Charleston, S.C. 18 pp. (processed).

This is a report to the Governor of South Carolina on the conditions of nursing education in the State, the attitudes of

physicians toward the type and scope of training of nursing students, and the causes of and recommendations for the abatement of critical shortages of nurses. It is reactionary to the social forces affecting recruitment, nursing education, and the practice of nursing, and South Carolina's situation. It contains many contradictions, but illustrates attitudes and factors that are encountered and must be coped with in planning for nursing.

YATES, WILLIAM L.

1963. *Nursing in South Carolina, A Statistical Study of the Quantity of Nurses and the Quality of Their Training.* South Carolina Hospital Association, Columbia, S.C. 57 pp.

This study is a concise collection of data pertaining to the quantity, quality, and economics of nursing service and education in South Carolina, and their implications on hospital service in the future. Although the document identifies problems, it was not intended to recommend solutions but rather to be used as a resource document by organizations and individuals working toward solving the State's various nursing problems.

ALFORD, ELISABETH M.

1964. *Nursing in South Carolina, 1964. A Statistical Study of the Quantity of Nurses and the Quality of Their Training.* South Carolina Hospital Association, Columbia, S.C. 55 pp.

This study is an updating of the 1963 statistical source book and data analysis on the quantity and quality of hospital nursing services, the economics of nursing, nursing education, and factors affecting the demand for nurses in South Carolina.

SOUTH CAROLINA STATE NURSES ASSOCIATION.

1964. *Nurses for South Carolina, A Report Prepared by the Committee on Current and Long-Term Goals for Board of Directors.* Columbia: The Association. 15 pp. (processed).

This is an interim report of the Committee, appointed in 1964, which assessed the supply of nursing personnel in 1963, identified the nursing needs of South Carolina, and gave direction to and proposed goals for the Association's role in meeting these needs. The report projected needs for 1970; endorsed statewide planning for nursing education; called for associate degree nursing programs in tax-supported colleges; reaffirmed need for additional baccalaureate programs for nursing; and identified approaches to improved nursing services.

GOVERNOR'S COMMITTEE TO LEND SUPPORT AND LEADERSHIP TO NURSING IN SOUTH CAROLINA.

1965. *Report of The Governor's Committee To Lend Support and Leadership to Nursing in South Carolina.* Columbia: The Committee. 32 pp.

This is the first report of the permanent Committee appointed by legislative action in 1964, as recommended by the Governor's Special Committee on Nursing, to support implementation of programs for meeting nursing needs. The Committee designed a blueprint for nursing education for South Carolina. The development of associate and baccalaureate degree programs and a master's level program is designated by area of State and college or university and clinical facilities to be utilized. Program arrangements, curricula, and costs are detailed. The report recommends State financial support for diploma programs. It assesses the conditions and social forces affecting systems of nursing education related to South Carolina.

SOUTH CAROLINA NURSES' ASSOCIATION.

1967. *Nurses for South Carolina. A Study of Nursing Needs and Resources. A Report Prepared by Committee on Current and Long-Term Goals for Board of Directors.* Columbia: The Association. 23 pp.

This is a report of the Committee's continuing work begun in 1964 and first reported in November of that year. The study updated information, assessed progress, refined ideas, and identified priority areas and action programs for meeting South Carolina's nursing needs. An in-depth study of nursing needs and resources and community planning for nursing education were recommended, as well as mandatory licensure for nursing, a statewide intensified recruitment program, refresher courses for inactive nurses, improved economic incentives, better utilization of nursing personnel, and a graduate program in nursing.

SOUTH DAKOTA

SOUTH DAKOTA STATE UNIVERSITY.

1967. *Survey of Inactive Nurses.* Department of Continuing Education, College of Nursing. Brookings: The University. 3 pp. (processed).

As a basis for the statewide programing of refresher courses, inactive registered nurses were surveyed by questionnaire to determine their interest in returning to work and their need for refresher training. A followup report on the number of nurses employed following completion of refresher courses is included.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING. DIVISION OF NURSING.

1969. *Source Book for Community Planning for Nursing in South Dakota.* Washington: U.S. Government Printing Office. 232 pp.

This source book was produced as a compilation of existing

statistical data relevant to long-range planning for nursing in a State. It, however, is also a report on the data survey and analysis phase of planning for nursing needs and resources in South Dakota. It presents statistics and information on the nurse supply and nursing education resources as they relate to demographic, economic, social, and health factors and conditions in South Dakota and neighboring States. Implications for planning are drawn from the analysis.

SOUTH DAKOTA PLANNING COUNCIL FOR NURSING RESOURCES.

1970. *Pulse of the Community.* South Dakota Board of Nursing, South Dakota Nurses' Association, and South Dakota League for Nursing. Sioux Falls, S.D.: The Council. 15 pp.

Recommendations for the recruitment, education, retention, and utilization of nurse manpower directed toward improving the delivery of health care are contained in this report of the South Dakota Planning Council for Nursing. Representatives of nursing, allied health groups, business, education, farming and State government who studied nursing needs, resources, and utilization in the State propose these recommendations for implementation by concerned groups.

TENNESSEE

TENNESSEE MID-SOUTH REGIONAL MEDICAL PROGRAM.

[1968]. *Study of Nursing Education in Tennessee.* Tennessee Mid-South Regional Medical Program. Nashville, Tenn. 38 pp.

This is a report of a study which focused on nursing education in Tennessee and includes an analysis of registered nurse data. A numerical shortage of nurses and an insufficient supply of qualified faculty are of prime concern. Recommendations include: (1) a need for public awareness of both nursing needs and nursing opportunities; and (2) a statewide plan for nursing education with support by an informed public. The Tennessee Nurses' Association has recommended that the Tennessee Higher Education Commission be recognized as the agency responsible for statewide planning for nursing education in the State.

TENNESSEE HIGHER EDUCATION COMMISSION.

1969. *Survey of Nursing Education in Tennessee.* Nashville: The Commission. 34 pp. (processed).

A time-phased, geographically based plan for the expansion and development of nursing education in institutions of higher education in Tennessee is presented in this report. Recommendations and goals are based on a data survey, on analysis and assessment of the 1968 nurse supply and nursing education resources, and on criteria established by a board of consultants. Definitive measures are proposed for improving both the quantity and quality of nursing in Tennessee, to meet projected needs through 1980.

TEXAS

JARRATT, VIRGINIA.

1966. *Report on Nursing Resources in Texas in 1966. Prepared for Committee on Nursing Needs and Resources.* Sponsored by Board of Nurse Examiners for the State of Texas, Texas Nurses Association, and Texas League for Nursing. San Antonio: The Association. 76 pp. (processed).

This statistical presentation represents the first step in the compilation of available data that can be used in State planning. Briefly analyzed are trend data on the supply of registered nurses and vocational nurses, the number and characteristics of registered nurses included in the 1966 Inventory, as well as educational resources. Data on some of the socioeconomic factors related to nursing are included. Gaps in data required for an in-depth study of nursing needs and resources are pointed up.

INTERIM SENATE COMMITTEE STUDYING NUISING PROFESSION NEEDS IN TEXAS.

1967. *Report of the Interim Senate Committee Studying Nursing Profession Needs in Texas. Presented to the 60th Texas Legislature, 1967.* Austin: The Committee. 153 pp. (processed).

Data and information collected and compiled to support and substantiate the State's needs in relation to the education, practice, and utilization of nurses, as presented in public hearing, are the substance of this report.

UTAH

COMMISSION TO STUDY THE NURSING NEEDS AND RESOURCES IN UTAH.

1970. *Utah Nursing, Present and Future. Findings, Conclusions and Recommendations.* Prepared by Dorothy C. Lowman, Chairman of Commission, and Corallene McKean, Executive Director, Utah State Nurses' Association, Salt Lake City, Utah. 123 pp. (processed).

This study report "present facts about nursing service and nursing education in the State and offers the best statements of current and projected nursing needs that commission members have been able to formulate. It identifies issues and makes recommendations, but stops short of proposing a specific program for action because to be effective such an action program must be based on broad community participation of consumers as well as producers of nursing and health care." For the most part, nursing data are presented through 1968 and needs are projected to 1975.

VERMONT

VERMONT STATE NURSES' ASSOCIATION, INC.

1967. *Nursing Needs and Resources in Vermont, 1966-1975. A Report to the People of Vermont.* Burlington: The Association. 196 pp.

Positive steps to increase the number and improve the quality of nurses educated in Vermont are recommended in this 2-year study, intended as a basis for statewide planning for nursing. Study data highlighted the need for utilization studies and improving career and employment incentives and recruitment techniques for licensed nursing personnel. Projection of needs for 1975 are included.

VIRGINIA

GOVERNOR'S COMMITTEE ON NURSING.

1967. *A Report of Progress to His Excellency, Mills E. Godwin, Jr., Governor of the Commonwealth of Virginia.* Richmond: The Committee. 21 pp.

This is an interim report of Virginia's Governor's Committee on Nursing, appointed in late 1966 to develop a coordinated State plan for nursing service and nursing education. The report is the work plan and prospectus for the 3-year study to identify and find means for meeting the State's quantitative and qualitative nursing needs. Nursing issues in the State, areas for study, and the proposed study methodology are fully outlined.

GOVERNOR'S COMMITTEE ON NURSING.

1968. *Future Patterns of Health Care with Emphasis on Utilization of Nursing Personnel. The Report of a Conference held March 24-26, 1968, at Williamsburg, Virginia.* Richmond: The Committee. 69 pp.

This conference, with wide representation from the health professions, civic groups, education, business, and official government, was convened to assist the governor's committee on nursing in its assessment of Virginia's nursing needs and to suggest means for meeting them. This report is an account of their consideration of specific questions related to nursing services, nursing education, working conditions for nurses, recruitment, legal controls, financing, and cooperation and coordination in planning. The conference emphasized the complexity of the issues, and gave the participants a broader perspective and greater understanding of the contributions which they, individually and collectively, could make in the improvement and delivery of health care.

THE SCHOOL OF HOSPITAL ADMINISTRATION.

1968. *Nursing and Health Care in Virginia.* Medical College of Virginia, Health Science Division of the Virginia Commonwealth University, Richmond, Va. 151 pp.

This report was prepared for the Governor's Committee on Nursing. Available statistical data and a special survey questionnaire of working conditions of nursing personnel in hospitals were used for an analysis of the characteristics of Virginia's supply of registered nurses and licensed practical nurses, of auxiliary nursing personnel in hospitals, and of nursing education resources. Trends in the education and use of allied health professionals and other health personnel are included, and future needs are estimated. The report makes no recommendations, but is intended as background information for an in-depth assessment of nursing needs and resources for the development of a State nursing plan.

GOVERNOR'S COMMITTEE ON NURSING. COMMONWEALTH OF VIRGINIA.

1969. *Nursing In Virginia.* Final Report. Richmond: The Committee. 89 pp.

This is a report of a 2½-year study to assess the State's supply of nurses and nursing education resources; to project quantitative and qualitative needs for a 10-year period; and to make recommendations for meeting nursing needs and for developing educational programs. It discusses the major findings, and the premises and reasoning leading to the recommendations. Recommendations for action concern the following: measures to stimulate an increase in the nurse supply and improve the work environment; recruitment, selection, education, and retention of nursing personnel; and means for implementing these recommendations. Financial costs for the strengthening of nursing education and for further improvements in nursing services are estimated.

WEST VIRGINIA

MCKENNA, FRANCES N.

1968. *Nursing in West Virginia 1968: The McKenna Report.* A Study Sponsored by the West Virginia State Board of Examiners for Registered Nurses, Charleston, W. Va. 86 pp. (processed).

The distribution, characteristics, supply, and need for registered nurses and licensed practical nurses in 1966 in West Virginia are analyzed in this study report. Also presented are the numbers, kinds, characteristics, and distribution of nursing education programs in the 1960's, as well as admissions, enrollments, and graduations from these programs. Problems in the nurse supply and their influencing factors are discussed, and remedial actions are proposed, particularly in regard to the following: recruitment of students and staff; migration of nurses from the State; and basic, continuing, and graduate education for nurses.

FLITTER, HESSEL HOWARD.

1970. *Nursing in the Mountain State of West Virginia: An Assessment and a Plan of Action.* Southern West Virginia Regional Health Council, Inc. Copies available from: West

Virginia Nurses' Association, 47 Capital City Building, Charleston, West Virginia 25301. 104 pp. (processed).

The Committee To Study Nursing Needs in West Virginia is responsible for this report. The Executive Committees of the two nursing organizations—the West Virginia League for Nursing and the West Virginia Nurses' Association—jointly assumed responsibility in forming this new committee and carrying out its study activities. Two of its major concerns were the total nursing needs within the State and the comprehensive planning needed to meet these nursing needs. Comparable data from each of the nine planning regions of the State were collected by committee members. Information pertaining to nurse mobility and nursing education in West Virginia, compiled by others, was obtained. Conclusions and recommendations based on findings are reported. Recommendations concerning nurse manpower, health care, health facilities, and health services are detailed.

WISCONSIN

COOPER, SIGNE, S.

1962. *Wisconsin Registered Nurses.* Madison: University of Wisconsin Extension Division. 94 pp.

A 10 percent sample of registered nurses licensed in Wisconsin in 1960 was used for this descriptive study conducted for program planning for the Extension Division's Department of Nursing. It analyzed the distribution of the nurse supply, the nurses' age, marital status, work experience, educational preparation, and needs for further education. Implications for continuing education in the field of nursing are drawn.

THE WISCONSIN STATE EMPLOYMENT SERVICE.

1966. *A Study of Inactive Nurses in Dane County, Wisconsin.* A Division of the Department of Industry, Labor, and Human Relations. In cooperation with the Madison League for Nursing. Madison: The League. 34 pp. (processed).

Lists of inactive nurses in the county were obtained from a previous survey, from alumnae associations of schools of nursing, and from phone calls received following extensive publicity. A survey questionnaire solicited information on the characteristics of inactive registered nurses, factors related to their inactive status, interest in returning to work, and need for refresher programs. Implications for the utilization of the inactive nurse potential are drawn from the data.

WISCONSIN STATE EMPLOYMENT SERVICE.

1968. *Re-Employment Factors of Inactive Nurses in Wisconsin.* A Division of the Department of Industry, Labor, and Human Relations. In cooperation with Wisconsin Nurses Association, Inc. Milwaukee: The Association. 44 pp. (processed).

This survey identified and located the inactive nurses who had maintained and those who had *not* maintained an active registration, by county, in Wisconsin and in contiguous counties of neighboring States. It estimated the demand for refresher programs to 1970. The characteristics of inactive nurses and their interest in returning to work were related to training requirements, such as curricula, time, and location for programs.

COMMISSION ON STATEWIDE PLANNING FOR NURSING EDUCATION.

1970. *Nurses for Wisconsin's Future.* A Report to the People of Wisconsin by the Commission on Statewide Planning for Nursing Education. Madison: The Commission. 22 pp.

This abbreviated report for wide public distribution recommends a plan for the development of nursing education in Wisconsin to assure an adequate supply of nurses. The Commission examined trends in the supply of registered nurses and licensed practical nurses and in nursing education programs from 1956 to 1968, assessed their adequacy, and projected needs for nurses and nursing programs to 1978. The plan recommends specific measures for the development and distribution of educational programs and their financing, for the in-service and continuing education of nurses, for recruitment, and for continuous planning for nursing education.

COMMISSION ON STATEWIDE PLANNING FOR NURSING EDUCATION.

1970. *Resource Document: Nurses for Wisconsin's Future.* Commission on Statewide Planning for Nursing Education, 110 East Main St., Madison, Wis. 63 pp.

This report—the third and final one by this Commission—is a comprehensive summary of the Commission's work, including recommendations relating to nursing education. Recommendations were developed following a review and study of current trends, health needs, changes occurring in the health care system, availability of nursing manpower, types of practitioners needed, and resources. Relative data are included in the appendix.

Blueprints for Nursing Education

The term "blueprint for nursing education," as used in this publication and in nursing education, designates a design for the transition of nursing education into institutions of higher education. Many States have

developed such blueprints for nursing education. Most were developed after the American Nurses' Association (ANA) issued its statement, *Education Preparation for Nurse Practitioners and Assistants to Nurses—A Position Paper*. Some blueprints have been prepared as part of a broad action plan for nursing needs and resources. Others were designed by committees or groups concerned primarily with planning for nursing education and the implementation of ANA's position. All suggest procedures for planning and initiating action. They are intended to give direction for improving nursing education systems and the services of nursing practitioners. For reference in this publication, blueprints are classified as to their content and not as to the processes through which they were developed, as explained below.

Group 1: Blueprints that state a position and prescribe guidelines on procedures, actions required, policies, and a timetable.

Group 2: Blueprints that, in addition to stating a position and general guidelines, consider each school or program in conjunction with existing or contemplated institutions of higher education, clinical facilities, and the needs for programs in geographic areas of the State.

Group 1. Prescribing General Guidelines

ARIZONA STATE NURSES ASSOCIATION.

1967. "Blueprint for Nursing in Arizona." *Arizona Nurse*, 20: 20-23, May-June. Phoenix: The Association.

CONNECTICUT NURSES' ASSOCIATION. NURSING EDUCATION TRANSITION STUDY COMMITTEE.

1967. "A Plan for the Educational Preparation for Nursing in the State of Connecticut." *Nursing News*, Vol. XLI, Nos. 10-12. (November). Hartford: The Association.

MAINE STATE NURSES' ASSOCIATION. NURSING EDUCATION NEEDS AND RESOURCES COMMITTEE.

1966. "Future Development of Nursing Education in Maine. Preliminary Report." Augusta: The Association. 8 pp. (processed).

MARYLAND NURSES ASSOCIATION. AD HOC COMMITTEE ON NURSING EDUCATION NEEDS IN MARYLAND.

1969. "Report of the Ad Hoc Committee on Nursing Education Needs in Maryland." *Maryland Nursing News*, XXXVII (2):2-6 (Summer). Baltimore: The Association.

NEW JERSEY NURSES ASSOCIATION. COMMITTEE ON NURSING EDUCATION, 1967-1968.

1968. *Nursing Education in Transition. A Plan for Action in New Jersey*. Montclair: The Association. 16 pp.

NEW YORK STATE NURSES ASSOCIATION. COMMITTEE ON EDUCATION, 1965-1967.

1966. *A Blueprint for the Education of Nurses in New York State*. Albany: The Association. 12 pp.

NORTH DAKOTA HOSPITAL ASSOCIATION, NORTH DAKOTA NURSES' ASSOCIATION, and NORTH DAKOTA LEAGUE FOR NURSING. THE NORTH DAKOTA JOINT COMMITTEE ON NURSING NEEDS AND RESOURCES.

1969. "To Meet The Need." *The Need To Know*, pp. 11-13. Minneapolis, Minn.: Upper Midwest Nursing Study.

PENNSYLVANIA LEAGUE FOR NURSING AND PENNSYLVANIA NURSES ASSOCIATION. COMMITTEE FOR PLANNING FOR EDUCATIONAL TRANSITION.

1967. *Guidelines for Regional Planning for Nursing Education Transition in Pennsylvania*. Harrisburg: The Association. 10 pp.

GOVERNOR'S COMMITTEE TO LEND SUPPORT AND LEADERSHIP TO NURSING IN SOUTH CAROLINA.

1965. *Report of The Governor's Committee To Lend Support and Leadership to Nursing* in South Carolina. Columbia, S.C. 32 pp.

Group 2. Prescribing Time-Phased Geographic Plans

COLORADO NURSES ASSOCIATION.

1968. "Planning for Nursing in Colorado." *Colorado Nurse*, 68 (3):36-40 (April). Denver: The Association.

ILLINOIS STUDY COMMISSION ON NURSING.

1968. "Illinois Blueprint For Nursing Education 1980." *Nursing in Illinois: An Assessment 1968 and a Plan 1980*, pp. 50-64. Chicago: The Commission.

MICHIGAN NURSES ASSOCIATION.

1966. "Action Plan for Future of Nursing Education in Michigan." *The Michigan Nurse*, 30: 3-7. Jan.-Feb. Lansing: The Association.

Appendix 2

Background Material and Tools for Planning

Appendix 2 lists references concerning background material relevant to planning for nursing. They were selected and annotated to facilitate the work of participants and staff throughout the planning process. These articles, books, and other publications can contribute to understanding of the evolution of nursing and the many factors affecting nursing practice and nursing education. In addition, some of the references describe useful tools important for planners.

To expedite selection of information on various planning situations, the references have been grouped under 12 subjects, as noted in the table of contents on the following page. All references are arranged chronologically under each subject, except the last—Indexes, Journals, Periodicals, and Publications Lists. In that group, since chronological order could not be used, the references are arranged alphabetically according to the title of the publication.

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Guides to Planning

ARNSTEIN, MARGARET G.

1953. *Guide for National Studies of Nursing Resources.* Bulletin of the World Health Organization, Supplement 7. Geneva, Switzerland. 36 pp. (Available from Columbia University Press, International Documents Service, 2960 Broadway, New York, N.Y. 10027.)

This guide, in concise outline form, was designed to help nations undertake or continue studies of their supply and need for nurses, point to their urgent nursing problems, and reveal action that can be taken and areas that require further study. The functional organization, methodology, areas of study and procedures suggested in this guide are basic, still pertinent, and applicable in identifying nursing needs, resources, and problems. However, depending upon the status of development of services and technology in certain nations where needs and resources might be studied, it may be that statistical methods and techniques newer than those suggested herein would be needed.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE.

1956. *Design for Statewide Nursing Surveys: A Basis for Action.* A manual prepared by the Division of Nursing Resources under the direction of Margaret Arnstein. PHS Pub. 460. Washington: U.S. Government Printing Office. 88 pp. (Out of print. May be available on library loan.)

This guide presents study methodologies and procedures for group or community action projects to accomplish the following: Identify the quantity and characteristics of a State's nurse supply and its educational resources; determine the adequacy of supply and resources; appraise the factors affecting needs and demands for nursing personnel; assess the effectiveness with which nursing resources are utilized; and estimate additional requirements. It suggests means for developing recommendations and plans of action to meet needs and demands or to improve service and educational programs, and means for carrying out more detailed studies in special areas of concern.

For States which have already made a survey, this guide suggests areas for further investigation and ways to update data for reappraisal of needs and resources and for assessing progress. Appendixes include suggested guides or ratios for estimating nursing needs by fields of nursing, also sample letters, forms, and tables for collecting data.

LYMAN, KATHARINE.

1961. *Basic Nursing Education Programs, A Guide to Their Planning.* World Health Organization, Public Health Papers, No. 7, Geneva, Switzerland. 80 pp. (Available from Columbia University Press, International Document Service, 2960 Broadway, New York, N.Y. 10027.)

Even though basic nursing education ranges from newly developed programs in some countries to well-established programs in others, nursing leaders and others who may influence nursing education in any country in the world can find helpful information in this book. Divided into two parts, this book gives direction for general action, not a pattern to be exactly followed. The first part outlines the kinds of general and specific information on which planning for nursing education should be based—that is, information about a community and individual school. The second part discusses the general process of planning and suggests steps for planning and developing a nursing education program. (Excerpted from a review by Loretta E. Heidgerken, Professor of Nursing, Catholic University of America, in the *American Journal of Nursing*, 52(4):129. April 1962.)

LEONE, LUCILE PETRY.

1966. *Statewide Planning for Nursing Education.* Southern Regional Education Board, Atlanta, Ga. 42 pp.

This guide delineates steps for planning nursing education on the State and community level. The first chapter is devoted to a discussion of five imperatives for planning and action on the State level. The need, advantages, organization, and characteristics of a planning body, as well as present systems and trends in nursing education, are discussed. The second chapter encompasses the processes of planning and action for nursing education. Setting the goals, designing the program, evaluating the program, and establishing a continuing plan of action—all are clearly delineated. A framework for sound planning, thinking, and decision-making is presented, and questions are raised which must be answered by planners in terms of the needs of their specific States. The book should be useful to any community, State, or regional group attempting to form a committee for statewide planning for nursing education. (Excerpted from a review by Elda S. Popiel, Associate Professor and Director, Continuation Education Services, University of Colorado, School of Nursing, Denver, Colo., in *Nursing Outlook*, 16(1):15. Jan. 1968.)

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

1967. *A Self-Study Guide for Community Health Action-Planning.* Vol. I. A Report of the Community Action Studies Project.

National Commission on Community Health Services, Inc. New York: The Association. 116 pp.

This guide is an instrument for use by laymen and professionals in efforts to define community health problems, evaluate health activities, project needs, and help define priorities. It includes a brief discussion of ways and means of organizing a self-study, and a series of 52 "index questions" designed to detect weaknesses in a community's existing health structure and services in the areas of organization, administration (medical care and facilities), personal health services, and environmental health services. Aspects of personnel and financial resources are also included.

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

1967. *A Self-Study Guide For Community Health Action-Planning.* Vol. II. Questionnaires To Aid in Problem-Solving. A Report of the Community Action Studies Project. National Commission on Community Health Services. New York: The Association. 247 pp.

This guide contains a schedule of questionnaires to help study groups provide for an in-depth examination of priority areas of concern in community health planning. Questionnaires are addressed to the following study areas: A community socioeconomic profile; local health departments; health information and referral services; public health education; laboratory services; home health care; extended care facilities; hospitals and related services; health manpower resources; educational system; school health; occupational health; dental health; chronic and handicapping conditions; maternal and infant care; environmental sanitation; mental retardation; mental health; drug addiction; alcoholism; communicable disease control; and civic and professional organizations and voluntary health agencies. Suggestions useful in developing action programs to implement study recommendations are included in the guide.

NATIONAL HEALTH COUNCIL and the AMERICAN ASSOCIATION OF JUNIOR COLLEGES.

1967. *A Guide for Health Technology Program Planning.* New York: The Council. 51 pp.

This guide has as its focus the building of strong programs for technical-level health practitioners within 2-year collegiate institutions, through the collaboration of junior colleges with health practitioner associations and community health facilities. Interdependent and continuous processes in cooperative program planning are outlined in steps for analytical purposes. It suggests a committee structure for planning, outlines criteria to be used in exploring the feasibility of program priorities, and suggests a checklist of the role performance of the various participants in planning.

NATIONAL LEAGUE FOR NURSING.

1967. *Guidelines for Assessing the Nursing Education Needs of a Community.* Pub. 11-1245. New York: The League. 11 pp.

This guide briefly presents in broad outline form the essential elements of a study for developing a long-range plan for nursing education suited to the needs of a local community, State, or region. Suggestions for initiating and organizing the study are included. Selected socioeconomic characteristics of the population and geographic study area, features of the nurse manpower supply, and health and educational resources are outlined as principal areas for data collection, study, and assessment. This study profile is focused on the basic need to improve nursing care for everyone by helping to bring about sound changes in the educational system that will produce the number of nurses with the quality of preparation needed in the future.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. BUREAU OF HEALTH MANPOWER. DIVISION OF NURSING.

1967. *Community Planning for Nursing in the District of Columbia Metropolitan Area. Source Book for Planning.* PHS Pub. 1676. Washington: U.S. Government Printing Office. 143 pp.

This source book is a compilation of existing statistical data presented in a socioeconomic framework relevant to long-range planning for nursing in a metropolitan area. The source book is designed as a tool that can be used by planning groups in other metropolitan areas for identifying sources and selecting data pertinent to their problems, issues, and situations. In addition, it contains a data analysis to demonstrate the uses of data as follows: (1) in initiating the development of a long-range plan for nursing; (2) in shedding light on additional data required from special studies to develop the plan; and (3) in selecting or producing data conclusive enough in their implication to point the way to immediate action required to meet nursing needs. Data analysis and interpretation are enhanced by information gained by conferences with key people concerned with the delivery of health and nursing services and the educational resources for producing health manpower in the metropolitan area.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING. DIVISION OF NURSING.

1969. *Source Book for Community Planning for Nursing in South Dakota.* Washington: U.S. Government Printing Office. 232 pp.

This source book is a compilation of existing statistical data presented in a socioeconomic framework relevant to long-range planning for nursing in a State. The source book is a com-

panion publication to *Community Planning for Nursing in the District of Columbia Metropolitan Area.* (PHS Pub. 1676). Both source books were designed as tools for planning groups. The study methodology employed and source book content, format, and purpose are essentially the same in both publications. See the annotation above.

PAULSEN, ROBERT F., and TATE, BARBARA L.
1969. *Community Planning for Nursing.* National League for Nursing Pub. 19-1355. New York: The League. 49 pp.

The dimensions of planning for nursing are described in this monograph. Defined objectives, sufficient financial background, and the involvement of thoughtful persons are emphasized as requirements for accomplishing goals. Steps and procedures for community planning for nursing are suggested. Included is a digest of information on groups planning for community health services and particularly for nursing services, submitted by 44 States, Puerto Rico, and 37 cities.

Manuals and Guides for Special Studies

Institutional Nursing Services

LEVINE, EUGENE; and WRIGHT, STUART.
1957. "New Ways To Measure Personnel Turnover in Hospitals." *Hospitals, J.A.H.A.*, 31:38-42 (Aug. 1).

Three methods for conducting studies on turnover among hospital employees are described in this article. The advantages and limitations of each method are discussed, and the importance of turnover studies to hospital administration is stressed.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING.
1957. *How To Study Nursing Service of an Outpatient Department.* PHS Pub. 497. Washington: U.S. Government Printing Office. 75 pp.

This manual describes methods for 10 types of studies, to use separately or as part of an overall study, to help hospitals evaluate nursing activities in an outpatient department.

WRIGHT, STUART.
1957. "Turnover and Job Satisfaction." *Hospitals, J.A.H.A.*, 31:47-52 (Oct. 1).

A study of the relationship between turnover and job satisfaction in three general hospitals is described.

VETERANS ADMINISTRATION. DEPARTMENT OF MEDICINE AND SURGERY.
1961. *A Guide for Studying the Utilization of Nursing Service Personnel in Veterans Administration Hospitals.* Program Guide, Nursing Service, G-7, M-2, Part 5. Washington: U.S. Government Printing Office. 101 pp.

This manual presents a modified work-diary method for studying and identifying activities of hospital nursing personnel, from nursing assistant through head nurse. It shows in detail how a nursing staff can plan and conduct its own study. Steps in designing the study and methods and tools for collecting, classifying, tabulating, and analyzing data are discussed in detail. The study will yield essentially quantitative information, but will also reveal needed changes in allocation of activities and suggest areas for further study of a qualitative nature. The manual includes a method for judging the appropriateness of nursing activities, as well as suggestions for using the findings to initiate change. A followup study method is also described.

It should be noted that intensive preliminary planning and preparation of the study participants are required for conducting a reliable and valid study. It has been further suggested that the time sample of a 2-day survey may not be adequate and may need to be extended.

(Excerpted from a review by Hannah Walseth, Assistant Professor, University of Minnesota School of Nursing, Minneapolis, in the *American Journal of Nursing*, 62 (6), June 1962.)

YOUNG, JOHN P.
1962. *A Method for Allocation of Nursing Personnel To Meet Inpatient Care Needs.* Operations Research Division, The Johns Hopkins Hospital, Baltimore, Md. 32 pp.

A method for the allocation of nursing personnel based on patient care needs rather than on patient census is described. The method is carried out as an ongoing, day-to-day, administrative procedure and includes the following: Classification of patients into three categories, computation of a direct care index, and consideration of the disparity between nursing load indications and scheduled hours.

ABDELLAH, FAYE G., and LEVINE, EUGENE.
1964. *Patients and Personnel Speak.* U.S. Department of Health, Education, and Welfare. Public Health Service. Division of Nursing. PHS Pub. 527. Washington: U.S. Government Printing Office. 44 pp.

This manual offers a study method for use by hospitals to reveal whether nursing service is adequate, and what specific nursing activities performed for patients need more nursing time or attention, from the point of view of the patient and hospital personnel. Checklists are used to record omissions in nursing care seen or experienced in 1 day's time in a hospital. The study can serve to provide criteria for improving patient care. The manual includes sample questionnaires, methodology for scoring the checklists, and a bibliography.

ESTES, M. DIANE.

1964. "Introducing the Nursing Audit." *American Journal of Nursing*, 64 (4): 91-92 (Sept. 1964).

This article is a straightforward description of the rationale for a nursing audit, the way to procure it, and its benefits to patients and staff.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING.

1964. *How To Study Nursing Activities in a Patient Unit.* PHS Pub. 370. Revised. Washington: U.S. Government Printing Office. 142 pp.

This manual offers an intermittent sampling method which hospitals can use to plan better staffing by studying the distributions of time spent by all nursing service personnel assigned to inpatient units. The method has been found to be most useful in general hospitals, and will provide reliable information on the following: (1) kinds of activities performed by each category of personnel; (2) distribution of types of activities by period of the workday in which they occur; (3) activities that consume the most time. The revised manual incorporates simplified coding and statistical procedures and contains sample worktables which the hospital can remove from the book and duplicate.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING.

1964. *How To Study Patient Progress.* PHS Pub. 1169. Washington: U.S. Government Printing Office. 121 pp.

"Procedures for reporting changes in the health status of patients, presented in this manual, were developed from an investigation of practices used by public health nurses in recording services rendered. Tested in 1960 by four public health agencies, the method was found to be helpful in assessing nursing programs. Appendix contains glossary of terms, and a summary of the classification of needs assessed and codes for care status and expected outcome. Report forms are also shown." (From an abstract in *Abstracts of Hospital Management Studies*, Vol. 3, June 1967.)

BROOKE ARMY MEDICAL CENTER. MEDICAL FIELD SERVICE SCHOOL. DEPARTMENT OF NONRESIDENT INSTRUCTION.

1966. *Nursing Service in Army Hospitals.* Fort Sam Houston, Texas. 101 pp.

Discussed in this publication are staffing guidelines, factors determining nursing care requirements, and criteria for classifying patients, based on nursing care needs. Patients are grouped into four categories: Intensive nursing care; moderate nursing care; minimal nursing care; and patients who can be treated on a clinic appointment basis. Guidelines as to total hours of care required by patients in a 24-hour period and the proportion of that time to be delegated to registered nurses and other nursing personnel are stated. Examples of the nursing needs of patients in the four categories are cited.

GORDON, P. C., et al.

1966. "An Approach to Patient Care Classification." *Canadian Medical Association Journal*, 95: 1228-1236 (December 10).

This classification system uses the principles of progressive patient care along with data obtained from charts, nurses, and resident physicians. Six levels of care or patient care needs are defined. Patients were classified by resident physicians and an outside observer. The repeatability of the method was measured by comparing the classifications of the residents and the outside observer.

Among the criteria used in the classifications were the patient's diagnoses, length of stay, region of residence, bed status, and extent of nursing care and supervision required. It was concluded that the method was feasible and practical and, as an ongoing procedure, could be used by the residents and nursing staff to screen out those most suitable for alternate care to the care available in a short-term general hospital. The levels of care within the short-term general hospital were: intensive care, intermediate care, and minimal care. The alternate-care classifications were: long-term active treatment hospital care, nursing care (care of the type available in licensed nursing homes or in their own home under a home-care program), and sheltered care.

PAETZNICK, MARGARET.

1966. *A Guide for Staffing a Hospital Nursing Service.* World Health Organization, Public Health Papers, No. 31, Geneva, Switzerland. 93 pp. (Available from Columbia University Press, International Document Service, 2960 Broadway, New York, N.Y. 10029.

Although not new or different in theory, methods and procedures for establishing staffing patterns useful to nursing service personnel—both in the United States and abroad—are clearly outlined. Questions relating to all facets of hospital nursing care of patients may be used to establish an evaluation system, or, where staffing patterns already exist, to establish criteria for patient care. Hospital administration, the use of

nursing personnel, and inservice education are discussed. Twelve descriptive guide charts and a list of available public health papers are included. (Excerpted from a review by Irene Pope, Director of Nurses, Department of Public Health, San Francisco General Hospital, Calif., in *Nursing Outlook*, 15(8): 71. August 1967).

CALIFORNIA NURSES' ASSOCIATION.

1968. *Establishing Staffing Patterns Based on Acuity of Patient Needs.* Final Report of Task Force IV. San Francisco: The Association. 28 pp. (processed).

This publication describes a method of patient classification based upon the patient's need for nursing care. Patients are classified according to four categories related to criteria indicating the acuity of need for nursing care. The areas to be assessed as to degree of need include the following: nursing procedure requirements; physical restrictions; emotional factors; and instructional needs. A statement of standards for nursing practice which this system implements is given. In addition, staffing patterns which will implement and maintain standards for nursing practice are stated. Two groups of staffing ratios as they relate to the patients' acuity of need for nursing care are offered: namely, one optimum and recommended; the other, minimal and not to be reduced in terms of staff assigned.

Although most patients included in the patient classification study were in short-term general hospitals, a number of them were in outpatient clinics, convalescent hospitals, and at home. A brief description of the work of the Task Force and its recommendations on the material presented are included. The method used is a modification of the "Classification of Patients According to Nursing Care Requirements," developed by the United States Army.

NATIONAL LEAGUE FOR NURSING.

1968. *Guide for Assessing Nursing Services in Long-Term Care Facilities.* Pub. 20-1341. New York: The League. 25 pp.

This guide interprets 10 principles of nursing care adapted from criteria developed by the National League for Nursing. It is in workbook style, with a chart opposite each principle so that the reader may enter his evaluation and future plans. (Excerpted from National League for Nursing, *NLN News*, 17 (1):4. January-February 1969.)

SHAUGHNESSY, MARY E.; O'BRIEN, GERALDINE; FITZPATRICK, THERESE E.; and GROVES, SARA S.

1969. *The Problems of Nursing Home Patients. Implications for Improving Nursing Care.* An Approach to Determining the Nursing Needs of Nursing Home Patients in Order to Provide a Sound Basis for Planning Appropriate Effective Nursing Services. Boston College School of Nursing, Boston, Mass. 189 pp. (processed).

"A study conducted in two Boston area nursing homes certified for medicare to assess the nursing problems presented. Criteria were developed to group patients according to: the over-all goal for their nursing care; the extent of their nursing requirements; and the level of competence needed to provide the care. Nurse observers evaluated 164 patients and reviewed their medical records according to the criteria. Also 121 patients were interviewed for their own perceptions of their needs. Data given on patient characteristics, length of stay, medical-physical condition and treatments needed, dietary problems, orientation, attitudes, and group activities. Patient interview and nursing assessment form included. (L.E.W.)" (From an abstract in *Abstracts of Hospital Management Studies*, 5:33. June 1969.)

Cost Analysis and Cost Study Methods

KNOTT, LESLIE W.; VREELAND, ELLWYNNE M.; and GOOCH, MARJORIE.

1956. *Cost Analysis for Collegiate Programs in Nursing. Part I, Analysis of Expenditures.* National League for Nursing, Division of Nursing Education, New York. 166 pp.

This manual discusses the broad principles involved in a study of costs in nursing education, and provides the means for analyzing the expenditures in each institution and agency participating in the nursing program. Operating expenses are analyzed according to the organization and function of the institutions, and direct and indirect expenses in cost centers chargeable to nursing are determined. The computation of aggregate costs include appropriate allocations of expenditure for administration, plant operation, maintenance and depreciation, and student and instructional services provided by other units of the university or hospital.

NATIONAL LEAGUE FOR NURSING. DIVISION OF NURSING EDUCATION.

1957. *Cost Analysis for Collegiate Programs in Nursing. Part II, Current Income and Other Resources.* A manual to aid universities, colleges, hospitals, and associated agencies in determining costs of nursing education. New York: The League. 46 pp.

This is the second part of a two-part manual for analyzing the costs of collegiate programs in nursing. Part II provides the means for an analysis of income and other resources that

balance both the educational and non-educational (i.e., student maintenance) expenditures, which together are the aggregate cost of the program. The procedures focus on the financing of the aggregate costs, and each of the participating institutions is considered separately. Income includes the following: Student tuitions and fees; government appropriations, private gifts, grants, and endowment income restricted to nursing education; and general operating funds of the institution allocated to nursing. Other resources are monetary values that represent services contributed by persons who receive no personal remuneration. Methods for determining the monetary value of nursing student services are included, although there is considerable difference of opinion as to the need for and use of such costing data.

NATIONAL LEAGUE FOR NURSING.

1964. *Cost Analysis for Public Health Nursing Services.* New York: The League. 133 pp.

This manual presents two methods to determine the cost of public health nursing services and the cost per visit for home health services. It provides means for determining specific and detailed expense figures, as for travel, agency administration, and home visits by specific diagnoses of patients served.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING.

1966. *How To Determine Nursing Expenditures in Small Health Agencies. A procedure using work units.* PHS Pub. 902. Washington: U.S. Government Printing Office. 54 pp.

This guide is for the use of small health agencies or multipurpose agencies where amounts and types of financial and statistical data are limited for determining the cost of specific units of nursing service. The simple procedure outlined is based on the principle of average costs, and includes a proportionate share of travel and supportive service expenses in the work unit. The method utilizes an activity time study and a record of annual agency expenditures and charges to nursing service. Sample forms and exhibits of the application of the procedure and their adaptation to various programs are included in the manual.

Criteria and Standards for Nursing Service

AMERICAN NURSES' ASSOCIATION. HEAD NURSES BRANCH. GENERAL DUTY NURSES SECTION.

1958. *Functions, Standards, and Qualifications for Practice for the Head Nurse.* New York: The Association. 8 pp.

The head nurse position is defined. Responsibilities are outlined in the broad areas of patient care, unit management, and institutional objectives; also, functions in each area are detailed. The professional and personal qualifications for a head nurse are specified.

AMERICAN NURSES' ASSOCIATION. OFFICE NURSES SECTION.

1962. *Functions, Standards, and Qualifications for the Practice of Office Nursing.* New York: The Association. 12 pp.

This statement defines the position of office nurse, the major objectives of nursing care, and the basic qualification required for practice. It outlines the functions of office nurses.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS.

1962. *The Preparation and The Role of Nurses in School Health Programs. Guidelines for the Use of Administrators, Educators, and Students.* Prepared by Helen Goodale Florentine. Code No. 15-1033. New York: The League. 29 pp.

This monograph suggests guidelines stated as competencies and abilities in five major areas that school nurses must have for fulfilling the purposes of a school health program. It can be used to appraise the adequacy of educational programs and the preparation of nurses for work experience in school health programs. Course offerings and areas of clinical experience related to required competencies are suggested.

AMERICAN NURSES' ASSOCIATION. EDUCATIONAL ADMINISTRATORS, CONSULTANTS, AND TEACHERS SECTION.

1963. *Functions, Standards, and Qualifications for Practice for Educational Administrators and Teachers.* New York: The Association. 15 pp.

This statement outlines the functions that specifically apply to nurse educators—administrators and teachers—in the broad areas of administration, instruction, guidance, and research. Recommended educational and professional requirements and qualifications are briefly outlined.

AMERICAN NURSES' ASSOCIATION.

1964. *Statement of Functions of the Licensed Practical Nurse.* New York: The Association. 5 pp.

This statement describes the role of the licensed practical nurse, licensure and educational requirements, and legal status. It outlines the functions that a licensed practical nurse can perform in giving nursing care in simple nursing situations.

AMERICAN NURSES' ASSOCIATION. PUBLIC HEALTH NURSES SECTION.

1964. *Functions and Qualifications in the Practice of Public Health Nursing.* New York: The Association. 32 pp.

Statement of functions and recommended qualifications of nurses employed in staff, supervisory, consultant, and educational and administrative positions in public health nursing are outlined. A brief discussion of recommended qualifications for public health nurses employed by official and voluntary agencies is included. The supervisory functions of public health staff nurses as they relate to the licensed practical nurse and her functions are also outlined.

AMERICAN NURSES' ASSOCIATION.

1965. *Standards for Organized Nursing Services in Hospitals, Public Health Agencies, Nursing Homes, Industries, and Clinics.* New York: The Association. 16 pp.

Sixteen formal statements of general standards applicable for nursing service departments are detailed. The purposes, basic assumptions, and criteria for formulating the standards are included. Factors for assessing each standard are listed to make them meaningful and to offer guidance in their implementation. These standards are supplemental to those developed for practitioners in particular fields of nursing.

AMERICAN NURSES' ASSOCIATION. OCCUPATIONAL HEALTH NURSES SECTION.

1965. *Functions, Standards, and Qualifications for Occupational Health Nurses.* New York: The Association. 32 pp.

Occupational health nursing and positions in a one-nurse and multiple-nurse service are defined. The educational preparation, personal competencies, and essential knowledge and skills required of a nurse in a one-nurse service, as well as a supervisor and director in an occupational health nursing service, are detailed. Functions are related to nursing care, health maintenance, safety education, health and welfare benefits, and community health and welfare agencies.

AMERICAN NURSES' ASSOCIATION. COMMITTEE ON PRACTICE. PUBLIC HEALTH NURSES SECTION.

1966. *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services.* Code No. PH-51. New York: The Association. 12 pp.

This publication outlines guidelines and concepts in utilizing registered nurses, licensed practical nurses, and home health aides for public health nursing services. It poses 35 questions to be considered in determining policy when planning for the employment and use of supportive personnel. These questions are concerned with: recruitment, training, functions, supervision, program evaluation, and financial support.

ILLINOIS ASSOCIATION OF SCHOOL NURSES. ILLINOIS EDUCATION ASSOCIATION.

1966. *Illinois Study of School Nurse Practice, A Summary Report.* Springfield, Ill. The Association. 52 pp.

This study sampled by questionnaire the opinion of superintendents, principals, teachers, and school nurses, at both the elementary and secondary school levels, regarding the appropriate academic preparation and functions of school nurses. Twenty-three functions of school nurses were rated as to their importance. Conclusions drawn from the study findings were: a need for better informed school personnel and better academically prepared nurses, and a need for teacher nurse consultants and university programs designed to prepare nurses for school employment and coordination of working relationship. (Excerpted from a review by E. G. Lynn in *Nursing Research*, 16 (4): 394. Fall 1967.)

AMERICAN NURSES' ASSOCIATION. COMMITTEE ON NURSING SERVICES.

1967. *Statement on Nursing Staff Requirements for In-Patient Health Care Services.* New York: The Association. 3 pp.

This statement outlines criteria for developing staffing patterns for inpatient care services suited to the individual needs of particular units. It outlines the factors, policies, and procedures to be considered in determining requirements.

AMERICAN NURSES' ASSOCIATION. DIVISION ON PSYCHIATRIC-MENTAL HEALTH NURSING.

1967. *Statement on Psychiatric Nursing Practice.* New York: The Association. 41 pp.

Psychiatric patient care is defined in terms of its purpose and the philosophy and assumptions upon which the care is based. Not only is the specialized area of practice included in the definition of psychiatric nursing, but its relationship to all nursing practice is shown. The definition also sets realistic goals for nursing in psychiatric services. Roles of the various nursing practitioners in psychiatric settings are included. These are clinical specialists, registered nurses, licensed practical nurses, and nursing assistants.

FORBES, ORCILIA.

1967. "The Role and Functions of the School Nurse as Perceived by 115 Public School Teachers from Three Selected Counties." *Journal of School Health*, 37: 101-107 (February).

"This article reports a study of 115 elementary and secondary school teachers in 3 Oregon counties carried out to determine

their perceptions in 4 areas: 1) role and functions of the school nurse; 2) problems encountered with school nursing; 3) courses which nurses should take in order to serve better in the schools; and 4) the importance of 20 selected school nursing activities. . . . The study indicated that many teachers have not developed a concept of the professional role of the school nurse." Problems seen by teachers and the activities given greatest importance by teachers are enumerated. (From a review by M. L. Pohn in *Nursing Research*, 16 (4): 394. Fall 1967.)

STEARLY, SUSAN; NOORDENBOS, ANN; and CROUCH, VOULA.

1967. "Pediatric Nurse Practitioner." *American Journal of Nursing*, 67 (10): 2083-2087 (October).

This article describes one way in which the knowledge, skills, and role of the pediatric nurse were expanded to deliver more care to children. The two phases of the program—controlled education and practice—are described as they were carried out in a project sponsored by the School of Nursing and the School of Medicine of the University of Colorado, and supported by a Commonwealth Fund grant.

AMERICAN NURSES' ASSOCIATION. DIVISION OF COMMUNITY HEALTH NURSING PRACTICE.

1968. *Functions and Qualifications for an Occupational Health Nurse in a One-Nurse Service.* Code No. CH-1. New York: The Association. 10 pp.

This statement details functions of a nurse in a one-nurse occupational health service in the areas of nursing care, health evaluation, health education and counseling, and mental hygiene. It includes administrative and management responsibilities and relationships. Recommended education, experience, and proficiency qualifications are outlined.

EVANS, FRANCES MONET CARTER.

1968. *The Role of the Nurse in Community Mental Health.* New York: Macmillan Co. 227 pp.

This publication considers the nurse in a broad perspective and draws heavily from theory of social psychiatry as well as from the author's own experiences and research in psychiatric nursing here and abroad. The basic proposition of the book is that "comprehensive services offered by a community mental health center include services for the total population which it represents." Concepts of prevention are primary; nevertheless, care for the mentally disordered persons in the community is provided. Interrelationships with mental hospitals and other agencies are necessary. "Participation in local, State, and regional planning is certainly desirable."

Psychiatric nurses should prepare themselves to work with groups as well as individuals. The movement is beyond the hospital wall out into the community. Closer working relationships between public health nurses and psychiatric nurses should be developed. It has been suggested that non-professionals can be trained and supervised in giving direct services, thus freeing the nurse to direct her energies into "such areas as consultation, social action, social advice, liaison with other groups or agencies, training, and supervision." These duties are reviewed in detail, as well as the implications inherent in them for nursing education.

(From a review by Rhetaugh G. Dumas, *Nursing Outlook*, 16 (12): 66. December 1968.)

AMERICAN NURSES' ASSOCIATION. COMMISSION ON NURSING SERVICES.

1969. *The Position, Role, and Qualifications of the Administrator of Nursing Services.* Pub. N6. New York: The Association. 2 pp.

The statement describes the scope of health services and reflects changes in the role of the administrator of nursing services. Abilities and skills deemed essential are stated. Educational requirements are included. The position is defined in sufficient breadth to apply to all types, settings, and sizes of nursing services, and is a guide in describing not only the position of the administrator but also the associate and assistant administrators of nursing services. The statement should be used with the ANA publication, *Standards for Organized Nursing Services.*

NATIONAL LEAGUE FOR NURSING.

1969. *Extending the Boundaries of Nursing Education—The Preparation and Roles of the Clinical Specialist.* Pub. 15-1367. New York: The League. 82 pp.

Papers and summaries of panel discussions given at the third conference of the Council of Baccalaureate and Higher Degree Programs, held in Phoenix, Ariz., in November 1968, are included. The conference was an extension of a 2-year series of programs dealing with graduate education in nursing.

Criteria and Standards for Nursing Education

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF DIPLOMA AND ASSOCIATE DEGREE PROGRAMS.

1962. *Criteria for the Evaluation of Educational Programs in Nursing Leading to a Diploma.* Code No. 16-24. New York: The League. 11 pp.

This statement details the historical development of criteria for diploma education. It outlines criteria intended for use as

a tool in the self-evaluation of programs, as an evaluation tool in accreditation processes, and as an interpretive device. Criteria outlined include objectives, administration and organization, faculty, students, curriculum, facilities, records and reports, and program evaluation.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF PRACTICAL NURSING PROGRAMS.

1965. *Criteria for the Evaluation of Educational Programs in Practical Nursing.* Code No. 38-1178. New York: The League. 17 pp.

Both criteria and guidelines for achievement are outlined for use in development of the practical nurse educational program, self-evaluation of programs, and national accreditation. Areas covered include philosophy and objectives of program, organization and administration, curriculum, faculty, students, facilities and resources, records, and program evaluation. These criteria are periodically revised through program activities of the League.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF DIPLOMA AND ASSOCIATE DEGREE PROGRAMS.

1967. *Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree.* Code No. 23-1258. New York: The League. 12 pp.

Criteria are outlined for the following: philosophy and purposes, organization, and administration of associate degree program in nursing; students and faculty; resources and facilities; curriculum development and programs of instruction; and program evaluation. These criteria, used for self-evaluation by schools and for national accreditation, are revised periodically by participants in this type of education through their membership in the League.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS.

1969. *Criteria for the Appraisal of Baccalaureate and Higher Degree Programs in Nursing.* Code No. 15-1251. New York: The League. 14 pp.

These criteria are intended for use in program self-evaluation and for national accreditation. Criteria are outlined for these levels of nursing programs in the areas of philosophy, purposes, and objectives; organization and administration; faculty composition, qualifications, and functions; curriculum and instruction; resources, facilities, and services; students; and program evaluation.

Planning Theory and Process

PAYNE, STANLEY L.

1951. *The Art of Asking Questions.* Princeton, N.J.: Princeton University Press. 247 pp.

This is a highly readable and interesting book. It concerns chiefly the wording of questions; yet its usefulness goes beyond that. The problems Payne raises and the illustrations and data he brings to bear on these problems pose questions of theoretical interest for specialists in various areas. For example, psychologists will see problems relating to frame of reference, ego involvement, and the attributes of opinion, whereas sociologists will see problems relating to class, status, and social change.

ABDELLAH, FAYE G.

1952. "State Nursing Surveys and Community Action." *Public Health Reports,* 67: 554-560 (June).

Major findings are reported from nursing surveys made in 35 States and the Territory of Hawaii, to analyze statewide nursing needs and to alleviate nurse shortages. The article summarized organization for and conditions under which the surveys were conducted in each State and Territory. The State surveys were undertaken to determine whether there were enough nurses in each field to meet the needs of the State; whether existing facilities for nursing education could produce enough well-prepared nurses; and whether nurses are prepared for the jobs they are performing. The striking similarity of recommendations proposed in the various State surveys is noted, and post-survey activity is described. It is concluded that "much more study must be made of how nurses can work with other groups on related research, including collection of original data and of how they can assist in development of regional and State planning for nursing." A statewide nursing survey can be a constructive device for getting community action and become a pattern for a comprehensive nursing plan. (Excerpted from a review in *Nursing Research,* 8 (2):113. Spring 1959.)

ADULT EDUCATION ASSOCIATION OF THE U.S.A.

1955. *Taking Action in the Community.* Leadership Pamphlet No. 3. Washington: The Association. 48 pp.

This pamphlet is concerned with ways to plan and carry out a program of social change in a community. It discusses getting support for and initiating social action, and suggests attitudes and methods helpful in beginning and carrying out the job.

Community apathy and the forces against taking action are pointed up, as well as methods of handling conflict and controversial issues and problems of public interest. A flow chart showing phases in successful community action through community groups is included.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
1955. *Understanding How Groups Work.* Leadership Pamphlet No. 4. Washington: The Association. 48 pp.

This pamphlet can help group leaders and members increase their sensitivity to group processes, organize more effectively, and coordinate their efforts to get things done by group decision and action. It describes group needs and conflicts and types of behavior that trouble groups; discusses leadership, group codes or customs, structure, and program content; and suggests ways to improve group efficiency.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
1956. *Conducting Workshops and Institutes.* Leadership Pamphlet No. 9. Washington: The Association. 48 pp.

This pamphlet gives step-by-step help on every phase of the workshop method. It is designed as a practical aid to leaders in education, government, welfare, health, agriculture, labor, religion, industry, and the community. Topics discussed are pre-planning, getting started, using resource people, learning through play, back-home application, and evaluation.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
1956. *Getting and Keeping Members.* Leadership Pamphlet No. 12. Washington: The Association. 48 pp.

This pamphlet offers aid in solving the everyday problems of group membership. Topics discussed are: finding new members, keeping old members involved, reducing dropouts, increasing attendance at meetings, working with the membership committee, and relating membership goals to program goals.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
1957. *Better Boards and Committees.* Leadership Pamphlet No. 14. Washington: The Association. 48 pp.

Some basic features of organizations and organizing are discussed in this pamphlet, including the purpose of boards, suggested ways of improving organizational leadership, and the structure and work of committees. Requirements for improving the work of committees are discussed in regard to: committee size, choosing and orienting members, picking a chairman and the chairman's job, and committee agenda and work. A special section is presented on the advisory committee.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
1957. *Effective Public Relations.* Leadership Pamphlet No. 13. Washington: The Association. 48 pp.

This pamphlet is intended to help organizations and agencies achieve better public relations. Approaches and steps in developing a good public relations program are discussed, as well as techniques and media that work in particular situations. Suggestions are presented for handling criticism and testing communication effectiveness. A checklist for planning public relations programs is included.

ADULT EDUCATION ASSOCIATION OF THE U.S.A.
1957. *Streamlining Parliamentary Procedure.* Leadership Pamphlet No. 15. Washington: The Association. 48 pp.

The contributions that parliamentary procedure can make in meetings and discussions are dealt with, as well as its usefulness in finding common factors of agreement and in reaching decisions. Abuses in the use of parliamentary procedure in organizational work are outlined, and guidelines are given for determining when to and when not to use it.

KNOWLES, MALCOLM S., and KNOWLES, HULDA.
1959. "Understanding Group Behavior." Chapter 3, pp. 39-62, in *Introduction to Group Dynamics.* New York: Association Press.

This chapter will help the planner understand group behavior, diagnose its problem, and improve its operation. The characteristics of group procedures, properties, dimensions, membership, and leadership are briefly described. A checklist of general principles for a group or committee as an effective instrument for change is given.

STRUNK, WILLIAM, JR., and WHITE, E. B.
1959. *The Elements of Style.* New York: The MacMillan Company. 71 pp.

Eight rules of English usage and 10 principles of composition most commonly violated are discussed and illustrated in this concise rule book for writers. In addition, discussion of a few matters of form, a list of words and expressions commonly misused, and a suggested approach to style can help planners improve the writing of reports and other documents.

BRADFORD, LELAND P.; GIBB, JACK R.; and BENNE, KENNETH D.; eds.
1964. *T-Group Theory and Laboratory Method: Innovation In Re-Education.* New York: John Wiley and Sons. 498 pp.

"Seventeen years of experimental effort went into the content of this book." The idea of the T Group, or Training Group, is an "innovation in re-education." The T Group member, a participant-observer, "develops new images of potentiality in himself and an understanding of how others might be able to help him convert these potentialities into actualities. The difference between the T Group and other groups in our society is its focus—which is on group processes, perception, communication, as well as the job to be done."

This book is written in such a way that it becomes a learning experience for the reader. The content in certain chapters would have special meaning, however, for these three levels of nurses: the student, the teacher, and the administrator.

(Based on a review by Eleanor Lefson in *Nursing Outlook*, 12 (12): 62. December 1964.)

AHUMADA, JORGE.

1965. *Health Planning Problems of Concept and Method.* Scientific Publication No. 111. Washington: Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization. 77 pp.

This publication was intended as a "guide to health planning and as a stimulus to a further research and analysis of the concepts and methods governing it." Social and economic problems as well as health problems are reviewed and are components in assessing needs and requirements. Additional areas covered are: determination of feasible alternatives in the local programing area; and preparation of regional plans and the national plan.

HIESTAND, DALE L.

1966. "Research Into Manpower for Health Services." *Milbank Memorial Fund Quarterly*, 44:146-81 (October).

This paper appraises empirical research into manpower for the health services. It discusses approaches to manpower research, its accomplishments, and priority areas needing research. The availability of research data on health manpower is detailed. These principles are stressed: that manpower research can only indicate the nature of manpower situations; and that manpower policy, private policy, and public policy must solve manpower problems. For realistic planning, this paper recommends that the determinants of demand be clarified. Redirection in the orientation of research is urged, as well as study into the processes of effecting change to determine why goals are not reached despite numerous studies. It is believed that solidly constructed, finely focused efforts can yield significant contributions.

AMERICAN HOSPITAL ASSOCIATION.

1967. *Principles To Guide Development of Statewide Comprehensive Health Planning and Protocol for Health Care Planning Within a State.* Approved by the American Hospital Association. Pub. 846. Chicago: The Association. 7 pp.

This pamphlet briefly outlines the Association's position on the need for, scope, and relationship between institutional, community, State, and areawide planning. This position is presented in the form of principles and protocol to guide this planning.

BUTTER, IRENE.

1967. "Health Manpower Research: A Survey." *Inquiry*, V (4): 5-41 (December).

This paper focuses on a conceptual framework and analytic tools for future health manpower research that can be adopted from the field of economics. It further purports that operations research offers suitable measurement techniques and quantitative methods. The research framework presented "draws heavily on the economic concepts of demand for health manpower and its determining factors; supply of health manpower and its determinants; and the conditions under which demand and supply are likely to reach equilibrium." The interaction of changing demands and supplies is discussed, as well as manpower planning and legislation as possible reinforcements and substitutes for private market mechanisms. Problems and research in health manpower in general, for selected health occupations and their interactions, are also discussed.

NATIONAL COMMISSION ON COMMUNITY HEALTH SERVICES.

1967. *Action-Planning for Community Health Services.* Report of the Community Action Studies Project. Washington: Public Affairs Press. 67 pp.

This report is addressed to civic leaders to help them get effective action for health. Three majors areas were explored: (1) community readiness for action for health; (2) a retrospective survey of local health studies; and (3) a detailed analysis of a number of successful health efforts by certain communities. As a result of this Commission's work with community leaders, a survey tool, "Self-Study Guide for Community Health Action-Planning," was developed.

NATIONAL COMMISSION ON COMMUNITY HEALTH SERVICES.

1967. *Comprehensive Health Care: A Challenge to American Communities.* Report of the Task Force on Comprehensive Personal Health Services. Washington: Public Affairs Press. 94 pp.

The objectives of the report and the recommendations it contains are measures to help achieve comprehensive personal health services under present circumstances. The providing of an adequate number of personal physicians and the organizing of health systems around proper modes of access are two of the key requirements for comprehensive personal health services. Still another prime requirement is some degree of association among physicians themselves. Planning by communities must assure that comprehensive personal health services of optimum quality are available, accessible, and acceptable to all their residents. Special areas of need are identified and discussed, and suggestions for improvement and study are included.

NATIONAL COMMISSION ON COMMUNITY HEALTH SERVICES.

1967. *Health Administration and Organization in the Decade Ahead.* Washington: Public Affairs Press. 96 pp.

This Task Force report examines issues and presents guidelines for the administration and organization of health services, with the underlying purpose of ensuring comprehensive, personal, and environmental health services for all Americans. Its recommendations envision a pivotal role for State government in channeling Federal assistance to community health services, and fostering and coordinating planning at the regional and local levels. It suggests replacing the traditional State health department with a broad-gauged agency with responsibility for the major health functions of the State, yet withdrawn from the direct provision of services and operation of facilities. Planning by an interdepartmental body working closely with the Governor's office is seen as the force for integrating diverse and competing elements of our health system. Creation of new mechanisms to coordinate Federal policies and programs is essential to the process. (Excerpted from a review in the *American Journal of Public Health and the Nation's Health*, 58 (3): 596-597. March 1968.)

NATIONAL LEAGUE FOR NURSING.

1967. *Change, Collaboration, Community Involvement.* A synthesis of views on nursing as seen by the Committee on Perspectives. New York: The League. 12 pp.

This pamphlet summarizes and calls attention to the issues and changes in society, health care, and nursing, and forecasts future trends. It focuses on the knowledge, skills, and attitudes needed by nursing for improved patient care. The responsibility for nurses at all levels to participate in identifying problems and devising solutions for needed change is emphasized. Involvement in community planning and action is stressed.

ARNOLD, MARY F.

1968. "Use of Management Tools in Health Planning." *Public Health Reports*, 83 (10): 820-826 (October).

"Perhaps the most important function of the health professional in community planning is that of finding better ways to measure benefits and delineate health values. If he does not meet this challenge the measures of the technicians will be used, and they may represent a quite narrow value system about health. . . .

"Therefore, the really troublesome problem is resolving conflicting values and clarifying and identifying shifting value premises. . . .

"The knotty problem to be solved in planning, whether at the organizational or the societal level, is to find a tool that will aid in defining the utilities to be maximized and the timespan that is to be considered. Management tools can help us plan how to get somewhere and learn where we are going, but they cannot help us decide where it is we want to go."

ARNOLD, MARY F., and HINK, DOUGLAS L.

1968. "Agency Problems in Planning for Community Health Needs." *Medical Care*, VI (6): 454-466 (November-December).

The authors have identified, from interviews with administrators of community health service agencies, a number of constraining influences on coordinative planning for comprehensive health services. These include the following: differences in priority given to the type of community need identified; differences in the way commonly recognized needs were defined in terms of the agency's own coping responses to the problem; current pressures and demands for agency time and manpower; lack of clear-cut community norms for allocation of agency responsibility for initiation of new activities; and amount of organizational energy and time required for initiating and implementing changes in program activities.

Because of the increasing demand for services in all areas of community health and in the absence of a centralized decision authority and with the relatively weak market situation of the current organizational system, there is a diffusion of power and influence; individual agencies seem to have become impotent in developing the qualitative changes needed for meeting community health service needs. Arnold and Hink recommend the development of competitive planning structures. Equal but competitive health care systems would provide a choice for the consumer.

DENISTON, O. L.; ROSENSTOCK, I. M.; WELCH, W.; and GETTING, V. A.

1968. "Evaluation of Program Efficiency." *Public Health Reports*, 83 (7): 603-610 (July).

The authors conclude that "the first step in evaluating effectiveness and efficiency appears to be to attain conceptual clarity about what the program is and what it contains. Then evaluation becomes straightforward." The authors further state that the tools described for evaluating effectiveness and efficiency "are most useful for programs in which (*a*) the objectives have been specified qualitatively and quantitatively and have been fixed in time to particular geographic areas and to particular target audiences, (*b*) the programs are described in sufficient detail to permit reliable observations of performance of planned activity, and (*c*) all the resources that are directed toward program activity are identified."

GUNNING, ROBERT.

1968. *The Technique of Clear Writing.* Revised edition. New York: McGraw-Hill Book Company. 329 pp.

This guide for writers discusses factors of reading difficulty and 10 principles of clear and readable writing. Gunning's yardsticks for measuring readability have been helpful to authors and editors in testing writing. The principles and yardsticks are applied to legal prose, and to technical, business, and newspaper writing. In the appendix is a list of short words to substitute for long words. This book can aid planners in preparing, revising, and improving their reports.

HILLEBOE, H. F., and SCHAEFER, M.
1968. "Comprehensive Health Planning: Conceptual and Political Elements." *Medical Times*, 96: 1072-1080 (November).

"Four interdependent triads interact in comprehensive health planning: (1) systematic identification of health problems, and determination of goals in light of these problems; (2) rational choices in allocating and using resources; (3) consideration and possible modification of the community constraints on health policies and programs; (4) application of the knowledge and processes of planning so as to integrate the other concepts. The application of only one of these elements is not comprehensive planning." (Quoted from *American Journal of Public Health and the Nation's Health*, 59 (1): 198-199. January 1969.)

NATIONAL COMMISSION ON COMMUNITY HEALTH SERVICES.
1968. *The Politics of Community Health*. Report of the Community Action Studies Project. by Ralph W. Conant. Washington: Public Affairs Press. 137 pp.

This study analyzes five outstanding examples of community health planning. It found that such planning is essentially a political process, and that the major obstacles to successful planning are political—politics being defined as the clash of interests and not party behavior. Five conditions for successful planning are prescribed: (1) political leadership skilled in identifying and resolving conflict among contending groups; (2) legal authority and enforcement sanctions; (3) a reliable source of money in proportion to established goals; (4) capacity to combine public and private resources with the resources of other levels of government; (5) capacity for skilled analysis of community health problems. The main implication of the study is that successful planning requires development of systematic knowledge of health politics and its use by policymakers and planners. (Excerpted from a review in the *American Journal of Public Health and the Nation's Health*, 58 (7): 1297. July 1968.)

NEW YORK ACADEMY OF MEDICINE.
1968. "Planning For Community Health Services: Perspectives For Action." *Bulletin of the New York Academy of Medicine* (Special Issue), 44 (2): 83-219 (February).

This entire issue is devoted to reprints of papers read at the 1967 Health Conference of the New York Academy of Medicine. Topics covered are: the complexity of health service planning; the potentials, goals, and evaluative processes to be considered in the planning process; problems and solutions in health care planning; and more effective use of resources, manpower, and facilities.

STORCK, JOHN.
1968. "Hard Facts for Health Planning." *Public Health Reports*, 83 (10): 841-848 (October).

Dr. Storck summarizes his report as follows: "The Public Health Conference on Records and Statistics, a study program administered by the National Center for Health Statistics, held its 12th national biennial meeting in June 1968, to consider data uses and needs in comprehensive health planning. The conference was organized around discussion group meetings on measures of health and health hazards, measures of health service use, statistics on health resources, basic demographic data, and data systems.

"Among the topics considered were the kinds of statistics needed for comprehensive health planning, methodologies to improve the country's health statistics, ways to organize governmental health statistics operations, and general problems in transforming the country's health needs first into demands and then into accomplishments.

"The chief organizational proposal brought before the conference was that State (including regional) centers for health statistics be established to satisfy needs for health statistics not now being met and to coordinate and give focus to the large quantities of data already available.

"A social action philosophy centering around doing rather than explaining was discernible in the discussions, as in the Comprehensive Health Planning Act itself. This philosophy holds that concrete social activity occurs when ongoing situations are transformed into problems, problems into plans, plans into programs, and finally, when programs receive social evaluations. Key persons involved are statisticians, planners, program operators, and politically motivated people, who mediate between technically motivated groups and the general or affected public."

BENNIS, WARREN G.; BENNE, KENNETH D.; and CHIN, ROBERT; eds.
1969. *The Planning of Change*. 2d ed. New York: Holt, Rinehart and Winston, Inc. 627 pp.

This publication emphasizes "the process of planned changing, on how change is created, implemented, evaluated, maintained and resisted. Included also are some of the major instruments that have been developed for creating and maintaining change: training, consulting, and applied research."

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. COMMUNITY HEALTH SERVICE.
1969. *The Urban Planner in Health Planning*. A report by the American Society of Health Planning Officials. PHS Pub. 1888. Washington: U.S. Government Printing Office. 90 pp.

The present involvement of urban planning agencies in the

health problems of their communities is described. Current health problems are discussed. Suggestions are provided to planning agencies to assist them in making their contribution toward the solving of health problems a more effective one. A bibliography of reference materials on the health system and health planning for the urban planner is included. The appendix also contains a selected listing of national and regional health organizations.

Tools for Planning

MEYER, BURTON.

1957. "Development of a Method for Determining Estimates of Professional Nurse Needs." *Nursing Research*, 1: 24-28 (June).

This paper emphasizes in detail a method for estimating gross quantitative needs for registered nurses. The method utilizes a comparative evaluation approach in which nurse-population ratios obtained and considered adequate for good nursing care are applied as a standard to the population for which estimates are being made. Estimates are based on factors affecting the demand for nursing services and the number of nurses expected to be available. The units of measurement utilized include population growth, nurse-population ratios, attrition rates from the nurse supply, the number of graduates expected from basic nursing education programs, and expansion needs of education programs to meet desirable ratios. The author believes that within the framework of the method specified and dependent upon available data, the regional, community, and qualitative needs for nurses can be studied and estimated.

Nursing Research.

1959. "Abstracts of Studies in Public Health Nursing." 8 (2): 41-144A.

This entire issue of *Nursing Research* is devoted to an index and compilation of abstracts of studies in public health nursing undertaken in the United States from 1924 to 1957, inclusive. Abstracts are classified under the following headings: organization and administration; programs and services; procedures and techniques; personnel policies and practices; time and cost; occupational orientation and career dynamics; education for public health nursing; interagency and interprofessional relations; medical and home care plans; public health nursing in special fields; and survey and study methods. The compilation includes citations of master's theses, a list of community health surveys that include public health nursing, and a list of surveys of nursing needs and resources.

Nursing Research.

1960. "Abstracts of Studies in Nursing." 9 (2): 49-106 (Spring).

This entire issue of *Nursing Research* is devoted to a compilation of 200 abstracts of significant research in all nursing areas completed between 1955 and 1958. Abstracts are classified under the following headings: nursing and nursing services; personnel policies and practices; occupational orientation and career dynamics; education for nursing; interagency and interprofessional relations; public health nursing; nursing in special fields— communicable disease, maternal and child health, neurological and psychiatric nursing; and practical nurse and auxiliary worker.

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

1963. *The Forecasting of Manpower Requirements.* BLS Report 248 (April). Washington: The Department. 96 pp.

This handbook, prepared for the Agency for International Development (AID), is intended to serve as a guide for determining manpower requirements in relation to anticipated development. The method outlined "relies heavily on economic analysis and human judgment, and uses whatever statistical techniques are available and applicable to assist in making a common sense evaluation of future needs and resources" including future manpower requirements by occupation and future training requirements for high-level occupations.

SIMMONS, LEO W., and HENDERSON, VIRGINIA.

1964. *Nursing Research, A Survey and Assessment.* New York: Appleton-Century-Crofts. 461 pp.

This guide to nursing studies reviews selected areas of research related to occupational interests as well as studies of nursing care. It includes a review of research completed during the past six decades, and an assessment of master's theses and doctoral dissertations from 1932 to 1955. Also included are types of sponsorship of research, the kind of research sponsored by various organizations, and a report of opinions regarding the status of nursing research today. Twelve selected surveys of nursing needs and resources conducted from 1945 to 1955 are analyzed. This guide provides historical development and future directions for research in nursing. It should serve as a useful resource for those interested in nursing research, including the project staff and others involved in planning. (Excerpted in part from a review by Shirley Sears Chatter, Associate Professor, University of California, San Francisco, in *American Journal of Nursing*, 65 (2): 145. February 1965.)

ABDELLAH, FAYE G., R.N., Ed.D.; and LEVINE. EUGENE, Ph.D.

1965. *Better Patient Care Through Nursing Research.* New York: Macmillan Co. 736 pp.

This is a valuable source book for research investigators. It establishes the nurse as an essential member of the research team and nursing research as an essential field of study. Statistical analyses and detailed examination of research methods are presented, with special attention to the theory of nursing research, the selection of research designs, and a typology for the classification of research to aid researchers in selecting appropriate theoretical and methodological approaches. There is extensive treatment of the various steps in research design.

The approach is practical, designed to prepare the reader for direct involvement. Current research activities are described, and what appear to be the activities of the future are outlined. The definition and measurement of variables, data collection, and the role of the nurse in research receive extensive consideration. Case studies of actual research demonstrate how the researcher may deal with practical problems likely to arise.

KERLINGER, FRED N.

1965. "Survey Research." Chapter 22, pp. 392-408, in *Foundations of Behavioral Research. Educational and Psychological Inquiry.* New York: Holt, Rhinehart and Winston, Inc.

This chapter is an overview of survey research in social, scientific, and educational research. Survey research is defined and distinguished from status surveys. Types of surveys are discussed as interviews and schedules, mailed questionnaires, panels, telephone surveys, and controlled observation. Steps or a flow plan for designing and implementing a survey is outlined. Examples of application of the method are given.

U.S. DEPARTMENT OF LABOR. MANPOWER ADMINISTRATION.

1965. *Health Careers Guidebook.* Washington: U.S. Government Printing Office. 251 pp.

Designed to help young people in choosing career goals, this guidebook identifies 200 health career opportunities. It defines these health professional, technical, and auxiliary occupations; describes educational requirements; gives a broad view of work in the health field; and discusses career planning. The guide is useful for planners in identifying the roles, relationships, and functional work areas of the numerous categories of health occupations.

YETT, DONALD E.

1965. "The Supply of Nurses: An Economist's View." *Hospital Progress,* 46 (2): 88-102 (February).

This paper was based on a larger study pertaining to the economic aspects of the hospital nursing shortage. "Shortage" based on demand rather than need is discussed.

KLARMAN, HERBERT E.

1966. "Changing Requirements for Health Manpower." Paper presented Nov. 2, 1966, before Special Session, 94th Annual Meeting of the American Public Health Association, San Francisco. Baltimore: The Johns Hopkins University School of Hygiene and Public Health. 22 pp. (processed).

A discussion of how requirements for health personnel are measured is included by the author. Two commonly employed approaches—namely, need and demand—are reviewed and assessed. Klarman clarifies the first approach, need, belonging to public health officials and planners; and the second, demand, belonging to the economists. The paper includes specific approaches applied to concrete situations in which additional personnel are being sought; e.g., physicians for primary care, registered nurses for hospitals, public health administrators and planners, and home health aides.

POLLIARD, FORBES W.

1966. *The Feasibility of a Systematic Study of Manpower Requirements and Education and Training Programs of Selected Health Occupations.* Indianapolis Hospital Development Association, Indianapolis, Ind. 95 pp.

"A four-month investigation, including a literature survey and individual and group interviews, found positive response to the proposed study among Indianapolis health profession leaders, specified related work in progress or planned elsewhere, and detailed by task and step a five year study of health manpower in the Indianapolis metropolitan area. Included in the appendix is the questionnaire used to collect data on nursing education in the Indianapolis area." (From *Abstracts of Hospital Management Studies,* V: 125. June 1969.)

SLONIM, MORRIS JAMES.

1966. *Sampling. A Quick Reliable Guide to Practical Statistics.* New York: Simon and Schuster. 144 pp.

This guide for the layman, student, or businessman leads the reader in logical fashion through many phases of sampling as a means of getting information quickly, reliably, and cheaply. Sampling theory, its basic principles, practical application, and potential values are discussed. A wide variety of pertinent case histories of sampling are cited.

FOX, DAVID J., and KELLY, RUTH LUNDT.

1967. *The Research Process in Nursing.* New York: Appleton-Century-Crofts. 611 pp.

This is a compilation of readings dealing in one way or another with nursing research. The 62 articles are carefully introduced and organized to provide a review of research conducted within the last decade. Trends, too, are exemplified throughout. (Excerpted from a review by Mary Louise Paynich, R.N., Associate Professor and Chairman, Public Health Nursing, Medical College of Virginia School of Nursing, Richmond, Va.)

MAKI, DENNIS R.

1967. *A Forecasting Model of Manpower Requirements in the Health Occupations.* Industrial Relations Center, Iowa State University, Ames, Iowa. 147 pp. (processed).

This publication presents a model designed to predict, under certain assumptions, the demand, supply, excess demand, and employment of health personnel applicable for forecasts of 5 to 15 years into the future. Manpower requirements are forecast on the basis of the economists' concept of demand, and are said not to resort to value judgments used to forecast requirements based on the concept of need for manpower. A clear distinction is made between *projecting* requirements, defined as trend extrapolation, and *forecasting* requirements, defined as the estimation of the magnitude of some relevant variables at a future point in time. The model is purported to accommodate numerous techniques for the estimation of parameters.

MYERS, JOHN G., and CREAMER, DANIEL.

1967. *Measuring Job Vacancies: A Feasibility Study in the Rochester, N.Y. Area.* New York: National Industrial Conference Board, Inc. 278 pp.

Two general headings divide the contents of this report: (1) The Survey Plan and Statistical Findings; and (2) Some General Problems and Implications of the Rochester Experience. This study was undertaken to "determine the feasibility of measuring the demand for labor to complement the wealth of material on the supply of manpower." The report is "positive in its major finding: It is feasible (and meaningful) to measure job vacancies on a voluntary basis."

The major conclusions can be summarized in a few sentences. Of course, the following points omit such obvious requirements as care in coding, data processing, and the like:

"(1) Initially, data should be collected by personal interview. This serves to clarify definitions, increase the response rate, and reduce the number of false or perfunctory answers. A decision should be made for each employer on changing to mail reports. Periodic visits will probably be necessary even during a continuing mail survey program.

"(2) Enumerators need extensive training and supervision to ensure accurate reports in initial interviews. We, therefore, suggest that a relatively small sample be interviewed at first, and the size increased later.

"(3) The list from which the sample is drawn is of utmost importance to eliminate errors in coverage and classification. A major effort should be made to obtain and maintain an up-to-date list that contains new firms, accurate industrial coding, and appropriate grouping of multiestablishment organizations."

PHILLIPS, JEROME S., and THOMPSON, RICHARD F.

1967. *Statistics for Nurses: The Evaluation of Quantitative Information.* New York: Macmillan Co. 550 pp.

This book is a basic text on statistics designed to help nurses become sophisticated users of reports of research in nursing, to provide understanding of the logical and philosophical bases of research methods and statistical techniques, and to acquaint them with a range of statistical procedures including both their rationale and computation. Descriptive and inferential statistics are discussed, as well as bases for making inferences; for example, using frequency and ranked data. More advanced areas such as multiple correlation and complex analysis of variance, are touched on. Included are a review of selected mathematical topics, illustrative studies in nursing research, practical exercises in statistics, and references. (Excerpted from a review by Yvonne A. Rubens, Statistician, Measurement and Evaluation, National League for Nursing, New York, in *Nursing Outlook*, 16 (3): 21. March 1968.)

ALBEE, GEORGE W.

1968. "Conceptual Models and Manpower Requirements in Psychology." *American Psychologist*, 23 (5): 317-320 (May).

The author discusses demands for and shortages of mental health manpower as they are dictated by current concepts of, models for, and systems of mental health care. He contends that manpower planning must explicitly confront prospective chronic shortages of professionals by the development of alternative models leading to new delivery systems of care, and models requiring manpower that are more easily recruited and trained. Psychology is challenged to create its own institutional structure for developing methods for delivery of service within its own structure. The dimensions of such a model are sketched.

CALIFORNIA DEPARTMENT OF HEALTH.

1968. *The Manpower Planning Subsystem of the California Health Information for Planning Service (CHIPS) System.* Berkeley, Calif.: The Department. 29 pp.

"Describes the Personnel-referenced Data File (PDF) which is to be operated as a subsystem of California Health Information for Planning Service (CHIPS). Data on professional and technical personnel would be input to the PDF from schools and training programs, employers, and other sources of information. This data on manpower requirements, training and utilization would be made available to qualified users such as schools, hospital training programs, planning groups, and various State agencies." (From *Abstracts of Hospital Management Studies*, V: 125. June 1969.)

FOLK, HUGH; and YETT, DONALD E.

1968. "Methods of Estimating Occupational Attrition." *Western Economics Journal*, VI (4): 297-302 (September).

This paper analyzes several methods for taking account of "non-wage related" factors in predicting occupational supply of skilled manpower. These methods are based on two important factors influencing supply: The increase in the qualified supply measured by the annual number of graduates; and the rate at which qualified persons leave the field because of marriage, death, retirement, or transfer to other occupations. Overall attrition rates are recognized as accounting for wage factors and many non-wage factors influencing occupational supply, whereas "age-specific occupational rates" account for demographic factors.

Various methods of calculating overall attrition rates are illustrated to include the exact method, approximate methods, gain-loss ratio method, straight-root method, and ratio-root method. The method of calculating age-specific occupational rates is explained. Results from each method were tested for relevance to the fields of nursing and engineering, and were deemed reasonable. It was concluded that more accurate projections will depend upon further research on the determinants of occupational participation. The gain-loss method, simple to calculate, was seen to "yield reliable occupational attrition rates provided both the base of the calculations and the length of the projection are relatively short and frequently revised."

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH. DIVISION OF PATIENT CARE FACILITIES AND SERVICES.

1968. *Summary Report, California Health Information For Planning Service.* Supported by PHS grant HM-00446, 1965-1968. Berkeley, Calif.: The Department. 137 pp.

This is a report of a demonstration project that tested and evaluated an information system for possible application throughout California. Procedures, objectives, and mechanisms for exchanging health information and data for planning are described. Included are a case abstract service for hospitals; an inventory of health facilities; formats for areawide planning reports and establishment of a clearinghouse for data on health facilities, services, manpower, and other relevant data on community planning.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL CENTER FOR HEALTH STATISTICS.

1968. *State Licensing of Health Occupations.* PHS Pub. 1758. Washington: U.S. Government Printing Office. 171 pp.

This is a report of a national survey of State licensing practices for 22 health professions and occupations, conducted in late 1965 and early 1966 in cooperation with The Council of State Governments and with State organizations that administer licensing statutes. One of the purposes of the survey was to determine the availability of statistics on health manpower through licensing processes. Included are a list of health occupations licensed by each State and an overview of trends in occupational licensing, as well as compulsory and voluntary acts, organizational patterns of licensing responsibility, licensing boards, renewal of licenses, qualifications for initial licensure, and State policies on special licensure. Twenty-two chapters, each devoted to a health occupation, detail licensing practices in the several States.

U.S. CONGRESS. JOINT COMMITTEE PRINT.

1969. *Compilation of Selected Public Health Laws.* Prepared for the use of the Senate Committee on Labor and Public Welfare and the House Committee on Interstate and Foreign Commerce. Washington: U.S. Government Printing Office. 489 pp.

This compilation includes statutory provisions in effect in January 1969 of the Public Health Service Act as amended through the 90th Congress, and other public health laws related to mental health, mental retardation, food, drugs, cosmetics, clean air, waste disposal, and packaging and labeling. The Reorgnization Plans No. 1 of 1953 and No. 3 of 1966 for the administrative structure and distribution of health functions within the Department of Health, Education, and Welfare are in the appendix.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING. DIVISION OF NURSING.

1969. *Research in Nursing, 1955-1968, Research Grants.* PHS Pub. 1356. Revised 1969. Washington: U.S. Government Printing Office. 91 pp.

This is a summary listing of projects supported by the Division of Nursing's extramural research grants program since its inception in 1955. Projects are classified in three broad areas: (1) organization, distribution, and delivery of nursing services; (2) recruitment, selection, education, and characteristics of the nurse supply; and (3) nursing research development. Information provided includes project title, names and addresses of investigators, period of support, a brief description of each project, and wherever possible, citations to publications that resulted from the research and were provided by the investigators.

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

1969. *Tomorrow's Manpower Needs.* National manpower projections and a guide to their use as a tool in developing State and area manpower projections. *Vol. I, Developing Area Manpower Projections.* Bulletin 1606 (February). Washington: U.S. Government Printing Office. 100 pp.

This report presents techniques for estimating State and area manpower requirements within the context of national economic and technological development, taking into account factors affecting local area industry and occupational employment. Statistics on population and the labor force for 1960 and projection for 1970 and 1980 are detailed by age and color for States and regions. Methods for estimating manpower replacement needs, and approaches for appraising the adequacy of supply in individual occupations are discussed.

U.S. Department of Labor. Bureau of Labor Statistics.

1969. *Tomorrow's Manpower Needs.* National manpower projections and a guide to their use as a tool in developing State and area manpower projections. *Vol. II, National Trends and Outlook: Industry Employment and Occupational Structure.* Bulletin 1606 (February). Washington: U.S. Government Printing Office. 121 pp.

"This volume presents a discussion of industry employment trends and occupational structure, and projections of manpower requirements for each major industry in the economy. Also included is a discussion of the reasons for the expected changes." Workers in medical and other health services are included in the discussion. For use with Volumes I, III, and IV.

U.S. Department of Labor. Bureau of Labor Statistics.

1969. *Tomorrow's Manpower Needs.* National manpower projections and a guide to their use as a tool in developing State and area manpower projections. *Vol. III, National Trends and Outlook: Occupational Employment.* Bulletin 1606 (February). Washington: U.S. Government Printing Office. 50 pp.

"This volume presents information on the national employment trends and projected 1975 requirements for workers in nine major occupation groups and 40 selected occupations including registered nurses. The occupational statements include a discussion of past employment trends, the economic and technological factors expected to influence occupational requirements through the mid-1970's, and ways workers become qualified for the occupation." For use with Volumes I, II, and IV.

U.S. Department of Labor. Bureau of Labor Statistics.

1969. *Tomorrow's Manpower Needs.* National manpower projections and a guide to their use as a tool in developing State and area manpower projections. *Vol. IV, The National Industry-Occupational Matrix and Other Manpower Data.* Bulletin 1606 (February). Washington: U.S. Government Printing Office. 247 pp.

This volume presents statistics on the national labor force by industry and the distribution of employment by occupation for 1960, and the projected labor force and its occupational matrix for 1975. The intent is to provide a statistical basis for making manpower projections, using methods described in volume I, for purposes of planning to meet service, education, and training needs.

U.S. Department of Health, Education, and Welfare. Public Health Service. Health Services and Mental Health Administration. National Center for Health Statistics.

1969. *A State Center for Health Statistics. An Aid in Planning Comprehensive Health Statistics.* Public Health Conference on Records and Statistics Document No. 626. Washington: U.S. Government Printing Office. 23 pp.

This brochure sets forth the views of the National Center for Health Statistics "regarding the capabilities for data collection and analysis of health data that ought to be developed within a State to meet today's needs and, in general terms, a model for scope of work, policies and relationships of a State Center for Health Statistics."

Walker, James W.

1969. "Forecasting Manpower Needs." *Harvard Business Review,* 47: 152-154+ (March-April).

The author discusses views on, the value of, and the reasons for interest in, manpower planning by corporate management, and "describes the first steps that researchers have taken toward improved models for forecasting and planning." Information and statistical data required for forecasting requirements and the factors that influence requirements are pointed out. The fact that relevant variables will differ from company to company, by location and over time, is stressed, as well as the fact that forecasting models suited to organizations' characteristics must be developed for each given situation.

World Health Organization. Regional Office for Europe.

1969. *Methods of Estimating Health Manpower.* Report on a symposium convened by the Regional Office for Europe of the World Health Organization, Budapest, 15-19 October 1968. EURO 0289. Distributed by the Regional Office for Europe, WHO. Copenhagen. 141 pp.

This report records the proceedings of the first meeting on health manpower planning and methods of estimating health

manpower requirements convened by WHO for 15 European countries. Approaches to projecting health manpower, their limitations, and methodological difficulties are discussed. Included are methods based on economic levels of health activity, manpower-to-population ratio methods, extrapolating requirements from analysis of past trends, and methods using professional standards. A wide variety of factors influencing manpower requirements and problems was studied, including health policy, economic, scientific, and technological development, and types of educational systems. The report includes data for a survey of 26 countries on methods used for collecting and analyzing data on the nurse and midwife supply and methods in use for estimating current and future requirements.

FOX, DAVID J.

1970. *Fundamentals of Research in Nursing.* 2d ed. New York: Appleton-Century-Crofts. 323 pp.

This book is addressed to research users who do not have a background in research and statistics. It emphasizes concepts and approaches that are basic to understanding research methods in nursing. Half of the book is devoted to statistics and measurements. It details the development of an actual research study, and gives an overview of the research process. It also includes a new section on content analysis and a good summary on the effective evaluation and utilization of research findings. This book is considered useful as a basis for formal and guided instruction in basic research methodology.

OFFICE OF ECONOMIC OPPORTUNITY. EXECUTIVE OFFICE OF THE PRESIDENT.

1970. *Catalog of Federal Domestic Assistance.* Washington: U.S. Government Printing Office. 1,035 pp.

This catalog contains a comprehensive listing and description of the Federal Government's domestic programs and authorizing legislation to assist the American people in furthering their social and economic progress. Designed as a tool to help locate, understand, and utilize Federal assistance programs, it contains a master index and includes the agencies that administer the programs, with regional and State addresses, program literature, and information contacts.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. DIVISION OF NURSING.

1970. *Special Project Grants Awarded for Improvement in Nurse Training. June 1965-1970. A Listing.* Revised July 1970. Supplement to PHS Pub. 1154-2. Washington: U.S. Government Printing Office. 66 pp.

Grants awarded from the start of the program through June 1970 to help schools of nursing meet the costs of projects designed to improve, strengthen, or expand nursing education programs are listed by State, grantee, and title of project. A concise description of each project and its objectives shows the kinds of projects being undertaken and funded.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. BUREAU OF HEALTH MANPOWER EDUCATION. DIVISION OF NURSING.

1971. *Construction Grants Awarded to Schools of Nursing, December 1965—June 1971.* DHEW Publication No. (NIH) 72-89 (formerly Supplement to PHS Pub. No. 1154-5). Washington: U.S. Government Printing Office. 19 pp. (Issued annually.)

This publication updates the list of Federal grants to build new educational facilities, or to renovate, extend, and equip their nursing education quarters. The grants were awarded under the Nurse Training Act of 1964, as amended by the Health Manpower Act of 1968. Grants are listed by State or territory and school. The type of nursing education program, type of construction, and amount of the grant are indicated.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. BUREAU OF HEALTH MANPOWER EDUCATION. DIVISION OF NURSING.

1971. *Current Research Project Grants, Division of Nursing.* PHS Pub. 1762. Revised February 1971. Washington: U.S. Government Printing Office. 12 pp.

This is a list of ongoing nursing research projects funded by the extramural research grants program of the Division of Nursing through February 1971. Information includes title of project, State and institution of grantee, name of investigator, and number of grant. More detailed information about individual projects may be obtained by writing to the principal investigator.

Medical and Health Care

SOMERS, HERMAN M., and SOMERS, ANNE R.

1961. *Doctor's, Patient's, and Health Insurance: The Organizing and Financing of Medical Care.* Washington: Brookings Institution. 563 pp.

In their presentation of the historical background and current

data on medical care, the authors consider the structure of medical practice, the hospital, the drug industry, consumer's demand, the costs, private insurance programs, and the doctor-patient relationship. Several tables are included in the appendix.

AMERICAN PUBLIC HEALTH ASSOCIATION, INC. THE PROGRAM AREA COMMITTEE ON MEDICAL CARE ADMINISTRATION.

1965. *A Guide to Medical Care Administration. Volume I: Concepts and Principles.* New York: The Association. 106 pp.

This volume is designed to provide a comprehensive view of medical care administration that will serve as a starting point for the discussion of the problems and issues in medical care today.

KLARMAN, HERBERT E.

1965. *The Economics of Health.* New York: Columbia University Press. 200 pp.

The "economics of health," which is a broader and newer term than "medical economics," proposes to encompass the medical care industry and also to extend into such fields as the analysis of the economic costs of diseases and the benefits of control programs, the returns from investment in education and training, and the conditions conducive to medical research.

In this monograph, Dr. Klarman reviews the past work done in economics of health and suggests future research opportunities. A selected bibliography covers demand and financing: manpower and facilities; organization and planning; and measuring prices and cost-benefits.

DAVIS, FRED, ed.

1966. *The Nursing Profession: Five Sociological Essays.* New York: John Wiley and Sons. 203 pp.

These essays, written by sociologists, are rich in observations, analysis, and interpretations of the sociocultural forces which have impinged on the preparation of nurses and the practice of nursing. (Excerpted from a review by Pearl Parvin Coulter, Dean, College of Nursing, University of Arizona, Tucson, in *Nursing Outlook*, 14 (10):72. October 1966.)

FALTA, JEANNETTE R., and DECK, EDITH S., eds.

1966. *A Sociological Framework for Patient Care.* New York: John Wiley and Sons. 418 pp.

This compilation of articles is designed to help health workers, particularly nurses, understand more fully the values and concepts of sociological thought for achieving the goal of improved patient care. Thirty-four articles—one-fourth original and the remainder reprints or revisions of articles or speeches—are divided into seven sections: sociological concepts; trends and social movements; the professions; the family; health and illness; patient problems; and "toward solutions." Each section is preceded by an introduction and followed by an epilogue which are informative and tie the sections together. An extensive, excellent bibliography is included. (Excerpted from a review by Milton J. Nadworny, Professor of Economics and Business Administration, University of Vermont, in *Nursing Outlook*, 15 (10):16-17. October 1967.)

MOSS, ARTHUR B.; BROEHL, WAYNE G., JR.; GUEST, ROBERT H.; and HENNESSEY, JOHN W.

1966. *Hospital Policy Decisions: Process and Action.* New York: G. P. Putnam's Sons. 332 pp.

Various levels of organizational structures in three different community general hospitals were examined and compared in this management study. Fundamental organizational problems which face modern hospital people responsible for making sound policy decisions were revealed. The trustee, administrator, and physician play an interlocking role and are subject to internal and external stress, both national and local, in making policy decisions. The administrator is usually in a "pivotal" position or one of uncertain authority.

Accreditations by the National League for Nursing and the Joint Commission on Accreditation of Hospitals are shown as strategic influences in the organizational strata, especially as they affect nursing service and nursing education. The budget mechanism is seen as one of the strongest factors in linking together all forces in the decision-making process.

The book is also a study of behavior and beliefs, of values and goals. It should be of interest to trustees, doctors, and administrators, as well as to nursing service directors and nursing educators who frequently question their individual force in policy-making decisions.

(Excerpted from a review by Thomas E. Frey in *Nursing Outlook*, 14 (12): 17 and 18. December 1966.)

AMERICAN PUBLIC HEALTH ASSOCIATION.

1967. *A Guide to Medical Care Administration. Vol. II, Medical Care Appraisal—Quality and Utilization.* Prepared by Avedis Donabedian, M.D. New York: American Public Health Association, Inc. 221 pp.

This volume is a comprehensive exploration of medical care appraisal—its theory and its operation. The book contains a carefully developed frame of reference and intensive discussion of appraisal procedures, practical alternatives, and outcomes. The text is supplemented by an extensive annotated bibliography.

CLARK, MARGARET; and ANDERSON, BARBARA GALLATIN.

1967. *Culture and Aging.* Springfield, Ill.: Charles C. Thomas, Pub. 478 pp.

The authors have used an anthropological approach to aging in which 435 elderly people, residents of San Francisco, were studied. The subjects included patients and nonpatients. These anthropologists showed that the following factors are all relevant in the aging process: cultural values, family attitudes, social ties and activities, sexual problems, religious beliefs, perception,

and both the physical and the psychological problems of aging.

According to the research reported, the authors maintain that "the aged in our society are forced to drop earlier primary values in life and select alternative values such as conservation, self-acceptance, cooperation, and concern for others as they advance in age."

Further, the aged studied "lack a strong sense of being a cohesive social group, and the problems of aging lead the elderly person to deviate from our cultural norms." The authors believe that "the members of our aged population *want* to remain involved in life activities, but we need to consider *what* they can give us and *what* we need from them. The aged learn to realize that there is more to life than competing with others for self-advancement, making money, and accumulating material items."

(Based on a review by Madeleine Leininger, *Nursing Outlook*, 16 (2): 14. February 1968.)

FEIN, RASHI.

1967. *The Doctor Shortage, An Economic Diagnosis.* Washington: Brookings Institution. 199 pp.

Economic issues and a wide range of factors influencing the demand for and supply of physicians are explored in this book. In projecting the demand and supply to 1975 and 1980, a shortage is forecast. Growth in group practice and the greater use of auxiliary personnel, including assistant physicians, are suggested as means of dealing with this supply problem. Government's growing commitment in health and increased ability to finance services are seen as factors stimulating these developments.

Although traditional doctor autonomy is recognized as a problem in reorganizing the practice of medicine, the author believes that doctors' assumption of leadership of the team may influence both rate of acceptance of the change and the economic framework of the new approach. It is believed that when doctors' duties are reallocated to semi-professionals, with the doctor as teamleader, the doctors and their groups will continue to be reimbursed as before and increased services will be realized.

(Excerpted from a review by Charlotte Muller in the *American Journal of Public Health and the Nation's Health*, 58 (9): 1781. September 1968.)

LENZER, ANTHONY; and DONABEDIAN, AVEDIS.

1967. "Needed . . . Research In Home Care." *Nursing Outlook*, 15 (10): 42-45 (October).

Program planners are concerned with the allocation of funds and the outcome of bringing the services to patients versus bringing patients to the services. Home care service is only one component in the broad range of instrumentalities for maintaining and restoring health.

The authors state that more knowledge is needed about the most effective use of home health services, and that the efficiency and effectiveness of those services can be increased if the location, organization, cost, quality of service, and staffing needs are studied. Knowledge is lacking, for example, in sound measures of direct and indirect costs to the patient, the family, and the community.

The authors believe that three kinds of cost studies would be helpful: "*cost-service* studies to identify the exact cost of providing each of the various types of services . . . (e.g., hospital care versus home care); *cost-effect* studies to determine the cost of achieving certain health objectives such as restoring certain physical functioning to a patient suffering from a stroke; and *cost-benefit* studies to provide data on the relationships between the cost of resources used for care and the money value of the benefits derived from such care."

REYNOLDS, FRANK W., and BARSARN, PAUL C.

1967. *Adult Health Services for the Chronically Ill and Aged.* New York: Macmillan Co. 242 pp.

This book is a comprehensive and frank appraisal of chronic illness as a disease and as a community condition. Chronic diseases are described in relation to prevention, cause, symptomatology, clinical courses, prognosis, treatment, rehabilitation, and public and social aspects.

The qualifications and functions of public health personnel and medical specialists are outlined concisely and clearly, and continuity of patient care is emphasized. Difficulties in coordinating community programs and facilities are pointed out. Depth information offered can enhance and improve the service given by health and paramedical personnel.

The book contains an extensive bibliography, excellent graphs, pictures, and tables, and a listing of voluntary health agencies. Federal and State-supported programs for care of the chronically ill, financing of costs, and standards of accreditation of extended care facilities are detailed.

(Excerpted from a review by Helen Chesterman, formerly Director, Public Health Nursing, San Francisco Department of Public Health, in *Nursing Outlook*, 15 (12): 21-22. December 1967.)

SOMERS, HERMAN; and SOMERS, ANNE.

1967. *Medicare and the Hospitals.* Washington: Brookings Institution. 303 pp.

The focus of this book is the impact and implications of the Social Security Amendments of 1965 on hospitals. It deals with the major issues and basic features of the hospital system relating to the legislation—utilization, quality of care, and manpower supply. It discusses the crucial problem areas of reimbursement, planning, and cost control, and makes some recommendations. Future development of current trends are predicted. (Excerpted from a review by A. Gerald Renthol in the *American Journal of Public Health*, 58 (11):2174-2175. November 1968.)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE.

1967. *Promoting the Group Practice of Medicine.* Report of the National Conference on Group

Practice. PHS Pub. 1750. Washington: U.S. Government Printing Office. 70 pp.

This report contains detailed recommendations of the physicians, medical school deans, hospital administrators, health insurance industry executives, economists, labor and management representatives, lawyers, and Federal, State, and local government employees, who met in Chicago, October 19-21, 1967, to explore ways to stimulate group practice.

DUFF, RAYMOND S., and HOLLINGSHEAD, AUGUST B.
1968. *Sickness and Society.* New York: Harper & Row. 390 pp.

This report of a 5-year study of the behavior of people involved in the care of patients examines hospital care and the impact of illness on patients and their families. It explores the patient's relationship to the doctor, the nurse, ancillary personnel, and his family. It raises critical issues and proposes vital changes related to the findings—that the quality of care a patient receives is determined by his socioeconomic position as well as his medical disorder, and influences his impression of medical care after his hospital experience. Nurses emerge as technical, administrative, task-oriented, and not person-oriented. Nurses have no communication with medicine, so there is no collaboration. Nursing care was found to be erratic and usually inadequate. The solution proposed was a new worker in the health field, a medical auxiliary, a person strongly linked to patients and physicians rather than to administration. (Excerpted from a review in "Book of the Year," *American Journal of Nursing*, 69 (3):555. March 1969.)

HILLEBOE, HERMAN E.
1968. "Public Health in the United States in the 1970's." *American Journal of Public Health and The Nation's Health*, 58 (9): 1588-1609 (September).

"This paper deals with projections of trends in public health over the next decade." The author contends that the Nation is ready for all types of planning and that health systems should be created and coordinated under a national plan in the United States. The national effort should respond to the wishes and needs of the people and be administratively sound and economically established.

KISSICK, WILLIAM L., ed.
1968. "Dimensions and Determinants of Health Policy." *The Milbank Memorial Fund Quarterly.* Vol. 66, No. 1, Part 2 (January). 272 pp.

This volume is a collection of papers that focus on the identification and review of the complex and diverse health issues and the problems most critically in need of new thought for fulfillment of our national health purpose—to promote and assure the highest level of health attainable for every person. The theme in discussing the various components of the health enterprise and the health effort, their characteristics and their interrelationships, is the establishment of health goals and the development of a national health policy. Health facilities and services, their organization and delivery, the costs of medical care, health manpower, health planning, and the power structure in health are discussed in this series of papers.

SELMANOFF, EUGENE D.
1968. "Strains in the Nurse-Doctor Relationship." *The Nursing Clinics of North America*, 3 (1): 117-127. Philadelphia: W. B. Saunders, Co. (March 1968).

This article—based on research findings—focuses on some of the problems and conflicts in the relationship between doctors and nurses in the hospital. The author makes the point that many of these difficulties "stem from the organizational structure of the hospital rather than from the personalities of the individuals involved."

Three selected aspects of hospital organization that produce strain for nurses are cited. (1) Physicians tend to operate as "free agents." They, unlike nurses, do not see themselves as "full-fledged members" of the hospital organization. (2) Two lines of authority exist in the hospital—administrative and medical. Nurses are members of the former and physicians belong to the latter. Institutional patterns that are mutually satisfactory and that meet the needs of the hospital as a whole should be developed. (3) Nurses, in the absence of a functioning health team, have assumed responsibility without the requisite authority for the coordination of patient care.

It is recommended that "nurses participate more actively and creatively in activities that can alter the existing hospital structures so that health personnel can more effectively bring the benefits of modern medical science and technology to their patients."

GINZBERG, ELI; with OSTOW, MIRIAM.
1969. *Men, Money and Medicine.* New York: Columbia University Press. 291 pp.

This book analyzes and evaluates trends in the health service delivery system and health manpower development and utilization of the past quarter-century, with emphasis on the changes following the introduction of medicare. It appraises the political economy of health, the critical role of the physician, the roles of allied health manpower and unmet medical needs as they are related to the socioeconomic structure. Prospects for meeting health care requirements and improving the health care system in the years ahead involve a combination of changes in values and institutions that are essential to restructuring the health industry.

LEININGER, MADELEINE M.
1969. "Community Psychiatric Nursing: Trends, Issues, and Problems." *Perspectives in Psychiatric Care.* VII (1): 10-20 (January-February).

. The author describes the change in focus of psychiatric care and treatment from the hospital to the community, the emphasis

on and components of primary prevention of mental illness, and the purposes and services of a typical community mental health center. Three viewpoints of role identification and expectations of nursing and other health disciplines in the community mental health center are discussed. Increased contact with and referrals to public health nurses in the community are related to the educational needs of public health nurses. It is concluded that psychiatric nursing education content should include social science theories and research findings relevant to the practice of community psychiatric nursing.

Health Manpower

CASSELL, FRANK H., et al.

1966. "The Challenge of Health Manpower." *Employment Service Review*, November (entire issue). U.S. Department of Labor, Manpower Administration. Washington: U.S. Government Printing Office. 94 pp.

"Full issue devoted to health manpower. Includes data and discussion of wages, hours, working conditions, number of employees and recruitment for both professional and non-professional personnel. Medical social work and nursing are subjects of individual articles, as are needs in nursing homes, structure of career opportunities. Employment Service Surveys for Louisiana, Wisconsin, California, North Carolina and South Carolina are summarized. Training activities under the Manpower Development Training Act are described." (From *Abstracts of Hospital Management Studies*, IV: 144. June 1968.)

ROSENTHAL, NEAL H.; LEFKOWITZ, ANNIE; and PILOT, MICHAEL.

1967. *Health Manpower 1966-1975.* Report No. 323. Bureau of Labor Statistics, U.S. Department of Labor, Washington, D.C. 50 pp.

"Discussion of future requirements and supply of health manpower for period of 1966-1975. Part I focuses on medical and health service industry and includes discussion of 1966 employment shortages. Manpower needs by 1975 are projected. Part II discusses individual health occupations in terms of employment, shortages, projected needs, sources of supply and ways of expanding supply. Report concludes demand for health services will increase rapidly over next decade, raising employment requirements in health industry from 3.7 million to 5.35 million. Individual health occupations are expected to vary markedly in growth rates with rapid increase expected in requirements for nursing occupations and small growth in need for pharmacists." (From *Abstracts of Hospital Management Studies*, IV: 144. June 1968.)

U.S. DEPARTMENT OF LABOR.

1967. *Manpower Report of the President: And A Report on Manpower Requirements, Resources, Utilization, and Training.* Transmitted to the Congress, April 1967. Washington: U.S. Government Printing Office. 285 pp.

This publication contains the President's Manpower Report and a report on manpower requirements, resources, utilization, and training, with the following major subdivisions: The Review of Manpower Developments in 1966; Unused Manpower; and Occupational Shortages and Training Needs. Supportive statistical data are included in the appendix.

WEISS, JEFFREY H.

1967. *The Changing Job Structure of Health Manpower.* Harvard University, Cambridge, Mass. 275 pp.

"Presents a framework for study of changing health care job patterns and for changes in utilization of health manpower over time. Develops a job classification scheme based on [1.] job families which emphasize health care functions and [2.] level of job content. Examines changes in health care job structure from 1950 to 1960 and makes projections for such changes from 1960 to 1970. Suggests that more emphasis be placed on improved utilization of existing supplies of health manpower." (From *Abstracts of Hospital Management Studies*, IV: 142. June 1968.)

LAMBERTSEN, ELEANOR C.

1968. "The Emerging Health Occupations." *Nursing Forum*, VII (1): 87-97. Winter 1968.

With the provision of nursing services for the spectrum of health needs and health programs as the focus, the premise is established that present attempts by physicians and nurses to define practice in terms of the knowledge, judgments, and skills required for safe, efficient, and therapeutic services to individuals and families constitutes a highly significant trend that will result in many changing patterns of practice. The author urges that such efforts be coupled with a determination of the levels of training necessary to perform delineated functions. She cautions that nurses must work with emerging specialized groups in the health manpower fields, yet maintain the administration and supervision of nursing service personnel. The continuum of specialization within health occupation groups and nursing and levels of educational preparation are discussed against the changing nature of technology and health services.

SOMERS, ANNE R.

1968. "Meeting Health Manpower Requirements Through Increased Productivity." *Hos-*

pitals, Journal of the American Hospital Association. 42: 43-48, 116 (March 16).

"The United States needs large numbers of additional health care personnel, the author states, but numbers alone cannot resolve current manpower problems because the present system channels manpower into inefficient and inappropriate activities. The author maintains that the system must be changed to allow the development of new technology, new jobs and professional categories, and new methods of organizing and delivering health care." And "the generally pursued approach to productivity and to operating efficiency is too narrowly conceived and based. A better approach is one that involves all the key elements in the productivity equation: manpower, organization, management, education, motivation, professional mores, even legislation. This paper is focused on manpower, but all the factors mentioned above are involved."

U.S. DEPARTMENT OF LABOR. MANPOWER ADMINISTRATION.

1968. *Technology and Manpower in the Health Service Industry, 1965-75.* Manpower Research Bulletin 14, May 1967. Washington: U.S. Government Printing Office. 109 pp.

Trends in the structure and characteristics of health service employment are presented and analyzed. Major current problems in meeting health manpower needs and job requirements are included. Technological developments and their effects on manpower in the decade ahead are examined. Then the combined effect of expected trends in the demand for health services and the key technological development on the structure of health service employment are analyzed.

Nursing Trends, Issues, and Concerns

MEYER, GENEVIEVE ROGGE.

1960. *Tenderness and Technique: Nursing Values in Transition.* Institute of Industrial Relations, University of California, Los Angeles. 160 pp.

This research report defines four types of nurses in relationship to two traditions in nursing—"tenderness" and "technique" —and the value nurses place on them. The interpretation of each type of nurse, made in a time of many changes in the nursing profession, is extended through an examination of the personal background of nurses and their attitudes toward patients, visitors, doctors, practical nurses, and aides. The influence of education (diploma, associate degree, baccalaureate, and post-basic programs) on the development of attitudes of all types of nurses is examined, as well as their attitudes toward the process of supervision. The book makes an important contribution to knowledge of the profession of nursing. (Excerpted from a review by Gladys Nite, Director of Research in Nursing, Community Studies, Kansas City, Mo., in the *American Journal of Nursing*, 61:44. September 1961.)

ROSENFELD, CARL; and PERRELLA, VERA C.

1965. "Why Women Start and Stop Working: A Study in Mobility." *Monthly Labor Review.* 88 (9): 1077-1082 (September).

A nationwide sample survey of women who had either taken jobs or stopped working in 1963 was conducted early in 1964 by the Bureau of the Census. The purpose was to obtain insight into "the attitudes and motives which influence women's decisions to participate in or withdraw from the labor force."

Among many factors present in the women's decision to go to work, those representing economic necessity were most frequently reported—about half the women went to work for this reason. Approximately 30 percent gave personal satisfaction or a desire for extra money as the most important reason. A small proportion gave "finished school" and "offered a job" as the major reason. Most women (89 percent) who left the labor force during the study period were married. Pregnancy was by far the greatest reason married women under 35 years old left the labor force. Illness was most frequently given as the reason by women 45 to 64 years old and was also frequently given by women 35 to 44 years old.

Occupations and earnings, work plans, and training are other areas of interest discussed in this report.

BULLOUGH, BONNIE; and BULLOUGH, VERN.

1966. *Issues in Nursing.* New York: Springer Publishing Co. 278 pp. (paperback).

Original source materials on five nursing issues—education, professional status, role definition, economics, concepts of direct nursing care—are presented in this volume. Articles and excerpts of reports published between 1893 and 1965 are prefaced with a brief explanation of their relevance and background. Critiques which confront rather than avoid controversial issues have been selected. The book gives insight into the present problems of nursing and how they came about. (Excerpted from a review by Florence S. Wald, Dean, Yale University School of Nursing, in *American Journal of Nursing*, 67 (10): 2174. October 1967.)

U.S. DEPARTMENT OF LABOR. MANPOWER ADMINISTRATION.

1967. *Work Life Expectancy and Training Needs of Women.* Washington: U.S. Government Printing Office. 10 pp.

The work pattern of women, length of working life, the dynamics of the female labor force, education, training, retraining, and work adjustment are discussed.

BROWN, ESTHER LUCILE.

1970. *Nursing Reconsidered, A Study of Change. Part I, The Professional Role in Institutional Nursing.* Philadelphia: J. B. Lippincott Co. 218 pp.

This report describes new or evolving nursing roles and health programs that might provide clues or models to increase the effectiveness of nursing practice and nursing service. Technical specialization, the expanding role of the clinical nursing specialist, and the reorganization of nursing education and nursing services in hospitals and other organizations are discussed. Current nursing practice in extended-care facilities, nursing homes, retirement homes, and homes for the aged is explored.

GLASSER, PAUL H., and GLASSER, LOIS N.; eds.

1970. *Families In Crisis.* New York: Harper & Row Publishers. 405 pp. (paperback).

This book offers a broad and nontechnical review of family crises. Compiled for students and practitioners in education, welfare, and health professions, it interprets three common crisis situations (poverty, disorganization, and physical and mental illness) faced by families. It is an important reference, particularly for those interested in mental health and public health practice. (Excerpted from a review by Frances Adamson, formerly psychiatric nurse, special project, Contra Costa County Medical Health Services, Calif., in *American Journal of Nursing*, 71 (7): 1441-1442. July 1971.)

SPALDING, EUGENIA KENNEDY; and NOTTER, LUCILLE E.

1970. *Professional Nursing; Foundation, Perspective and Relationships.* Philadelphia: J. B. Lippincott Co. 677 pp.

This text covers the major trends and problems affecting the world of nursing—historical, political, social, economic, legal, educational, professional, and personal.

It is interesting to note that the first edition of this book was published in 1939 under the title *Professional Adjustments in Nursing*, and that although it has had four title changes since then, the book has remained basically the same.

A discussion of the leadership necessary for professional progress is a distillate of the thinking of outstanding leaders in administration and education. Modifications in the structure and function of national nursing organizations and the Public Health Service were reflected in the third printing of the 7th edition in 1968.

At the end of each chapter, suggested reference lists are given. Also, recommendations are given for additional reading sources for style, library usage, abstracting, indexing, proofreading, and professional relationships.

Although this book is intended as a text for students in basic nursing, it can contribute a deep understanding of nursing to lay and non-nursing members of planning groups.

_____ and NOTTER, LUCILLE E.

1971. *Nursing Reconsidered, A Study of Change. Part II, The Professional Role in Community Nursing.* Philadelphia: J. B. Lippincott Co. 285 pp.

The authors discuss recent developments in ambulatory and community nursing, with implications for the expanding role of the nurse on the therapeutic team. Community health centers, hospital-approved home-care services, neighborhood famliy health centers, outpatient services, and psychiatric hospitals—all these settings are included.

THE CARNEGIE COMMISSION ON HIGHER EDUCATION.

1971. *Less Time, More Options: Education Beyond The High School.* Hightstown, N.J.: McGraw-Hill Book Company. 45 pp.

This is a special report by the Commission established in 1967 to investigate and make recommendations concerning issues in higher education in the United States as the year 2000 is approached. The Commission selected the following major concerns of higher education for study and investigation: structure, function, and governance; innovation and change; demand, resources, costs, and expenditures; and efficiency in use of resources. A number of reports will be published.

This report focuses on a topic that is central to every other aspect of higher education—the general flow of students into and through the formal structure of higher education in the United States and the key role played by degrees in this flow. Recommendations calling for basic changes in the pattern of this flow are included.

Nursing Education

MONTAG, MILDRED L.

1951. *The Education of Nursing Technicians.* New York: G. P. Putnam's Sons. 146 pp.

This book is the report of a study to plan a 2-year program for the preparation of nurses with predominantly technical functions consisting of about equal amounts of general education and technical education, and a proposal for the preparation of nurse personnel for faculty for these programs. The study proposed that the education of technical nurses be conducted in junior colleges, technical institutes, and community colleges. The book describes the education proposed and the general nature of such programs and faculty requirements. It recognized that the study was limited because no experimental evidence was available; no program of this type was in operation. The study represents a plan for beginning controlled experimenta-

tion in nursing service and nursing education. (Excerpted from a review by Helen L. Bunge, Dean, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio, in the *American Journal of Nursing*, 51 (6): 354. June 1951.)

BRIDGMAN, MARGARET.

1953. *Collegiate Education for Nursing.* New York: Russell Sage Foundation. 205 pp.

This book is an exploration into collegiate nursing education focused on basic nursing education and its relationship to higher education. Educational responsibility and policy are discussed against the background of basic issues in nursing—supply and demand for nurses, needs for quality care, enlarged scope of nursing care, deficiency of nursing services, relationships of nursing service to nursing education, and implications for collegiate nursing education. The intent is to help to clarify issues, to bring about a consensus on principles that would lead to long-range planning for collegiate nursing education.

The necessity for colleges or universities to have control over education of students in the clinical fields was pointed out and critical questions were raised as to the best patterns. The need for regional planning for collegiate nursing education for the wise use of resources was stressed. This book is seen as a guide and aid to the development of collegiate nursing education programs.

(Excerpted from a review by Helen L. Bunge, Dean, Francis Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio, in *Nursing Outlook*, 1 (2): 72 and 118. February 1953.)

MONTAG, MILDRED L., and GATKIN, LASSAR G.

1959. *Community College Education for Nursing.* New York: Blakiston Division. McGraw-Hill Book Co., Inc. 457 pp.

This is a detailed report on the experimental project conducted in seven junior or community colleges and a hospital, on technical education for nursing and the systemic evaluation study of the effectiveness of the graduates of these programs. The historical development, purpose of the project, criteria set for participating institutions, project methodology, staff, and advisory services are discussed.

Evaluation included the development of instruments for determining effectiveness of teaching and learning techniques, and followup studies for directing program improvements. Comparative studies on qualifications for State registered nurse licensing examination were made with graduates from other types of programs. Work performance of graduates in beginning staff level positions under supervision, given some work experience and the advantages of inservice training, was compared with that of graduates from other types of programs. This book is a record of the successes of the experimental phase of technical nursing education for meeting needs for nursing personnel.

(Excerpted from a review by Alice E. Imgmire, Associate Professor, University of California School of Nursing, San Francisco, in *Nursing Outlook*, 7 (9): 503-504. September 1959.)

TATE, BARBARA L.

1961. "Attrition Rates in Schools of Nursing." *Nursing Research*, 10 (2): 91-96 (Spring).

Rates of attrition of students who entered basic diploma and baccalaureate programs in nursing in 1954 and 1955 were studied, using data available at the National League for Nursing. The data revealed a significant difference in the attrition rates in basic nursing programs by type of program, region of the country, and year in the program. There was no significant difference in the attrition rate by accreditation status of programs. The study raised numerous questions concerning factors that might affect attrition rates.

FLANAGAN, JOHN C., et al.

1964. *Project Talent. The Identification Development and Utilization of Human Talents. The 1960 National Survey. The American High School Student.* University of Pittsburgh, Pittsburgh, Pa. 493 pp.

This longitudinal research study provides detailed national inventory data on the achievement, aptitude, interests, personality characteristics, career plans, and aspirations of American high school students in 1960. Data are intercorrelated and include followup information on occupational choices (including nursing) and career plans 1 year after graduation. The study was conducted to provide information on specific patterns of aptitudes, abilities, and interests; on educational experiences; and on guidance procedures that can provide a basis for assisting students in selecting the career that will assure him the greatest personal satisfaction and success.

AMERICAN NURSES' ASSOCIATION.

1965. *Educational Preparation for Nurse Practitioners and Assistants to Nurses—A Position Paper.* New York: The Association. 16 pp.

"This document sets forth the professional nursing association's position concerning the education necessary for the practice of nursing." Prepared by the Committee on Education after a 2-year study of the major trends in nursing and the social forces affecting nursing and patient care, the position states that "Education for those who work in nursing should take place in institutions of learning within the general system of education." The paper defines professional and technical nursing practice. It sets the minimum preparation for professional nursing practice as the baccalaureate; for technical nursing practice, the associate degree; and for assistants to nurses, the short, intensive, pre-service programs in vocational institutions rather than on-the-job training. It proposes that programs for educating practical nurses be systematically replaced with programs for beginning technical nurses in junior and community colleges. The need for programs for continuing education, advanced study, and research in nursing, to update knowledge and skills and maintain competencies, is also stressed.

TAYLOR, C. W., et al.

1965. *Report of Measurement and Prediction of Nursing Performance. Part I. Factor Analysis of Nursing Student's Application Data, Entrance Test Scores, Achievement Test Scores, and Grades in Nursing School.* Salt Lake City: University of Utah. 54 pp.

"This section of a larger study is concerned with interrelationships among selection devices and academic and clinical achievements in nursing; the kinds of qualities or abilities that grades in nursing school actually measure; and the degree to which selection tests, forms or other devices currently used by nursing schools predict performance on these abilities. A total of 814 nursing students' records were studied. Factor analysis was the method selected to study many predictor and achievement score variables. Findings revealed that clinical and academic performance were not closely related. Typically used predictors of intellectual capacity or academic achievement predict only a narrow spectrum of achievement in nursing education." (From a review by H. E. Dorsch in *Nursing Research*, 16 (2): 208. Spring 1967.)

ANDERSON, BERNICE E.

1966. *Nursing Education in Community Junior Colleges.* Philadelphia: J. B. Lippincott Co. 319 pp.

This is an account of a 5-year project in the States of California, Florida, New York, and Texas, supported by the W. K. Kellogg Foundation to further the development of associate degree programs in nursing. In accordance with preestablished criteria, support was offered in six major areas: faculty preparation, continuing education, consultation, program development, demonstration centers and laboratories for future teachers, and evaluation of developing programs and of graduates of programs.

Graduate programs to prepare teachers were established in four States. One year of program planning preceded the opening of associate degree programs, and funds were allocated for a director for 1 year and instructors for 4 months before admission of students. Success in the project was attributed to the teamwork and combined knowledge, experimentation, and financial support of educators' professional groups and private philanthrophy. It further resulted in new methods for recruiting faculty and students, and new teaching methods.

(Excerpted from a review by Ruth S. Swenson, Director, Associate Degree Program in Nursing, Weber State College, Ogden, Utah, in *Nursing Outlook*, 14 (7):17. July 1966.)

NEW YORK STATE NURSES ASSOCIATION.

1966. *Education for Nursing Practice.* Report of the New York State Nurses Association, Arden House Conference. (Available from the Association, 255 Lark St., Albany, N.Y.) 52 pp.

This conference was held to enable nursing leaders to discuss in-depth nursing education, nursing service, and the role of the professional association. It provided an opportunity for an in-depth assessment of the position of the professional association for registered nurses on education for nurse practitioners and assistants to nurses. As reflected in the report of the proceedings of the conference, it served to identify and clarify problems, sharpen issues, and stimulate group interaction for seeking solutions to nursing needs and demands. It recommended actions for the Committee on Education, New York State Nurses Association, to initiate in connection with nursing education. This conference is recognized as the beginning of continuing activity to achieve State and regional planning for nursing education in New York.

GEITGEY, DORIS A.

1967. "The Teacher in Associate Degree Nursing Programs." *Nursing Outlook*, 15 (2): 30-32 (February).

The author succinctly describes how teaching in an associate degree nursing program differs from teaching in other kinds of nursing education programs—graduate, baccalaureate, and diploma. The areas touched upon include the philosophy of the college, heterogeneity of students, purpose of the program, curriculum design, and teaching load.

ROBSON, R. A. H.

1967. *Sociological Factors Affecting Recruitment Into The Nursing Profession.* Royal Commission on Health. Ottawa, Canada: Queen's Printer. 244 pp.

A model of five factors influencing career choice—personal values, perception of the degree to which various occupations satisfied these values, self-image, social background, and patterns of influence and support—provide the framework of the study. Data from questionnaires to over 2,597 persons were amplified by interviews with a subsample of individuals. Cultural and attitudinal orientation will assume importance in reconciling divergent points of view.

TATE, BARBARA L., and KNOPF, LUCILLE.

1968. *Nurse Career-Pattern Study. Part I: Practical Nursing Programs.* Code No. 19-1335. New York: National League for Nursing. Research and Development. 182 pp.

This report concerns 3,014 students who entered 117 practical nurse programs in the fall of 1962. It contains biographical data and statistical presentations and information on reasons and experiences associated with choice of practical nursing and career goals at the time of entrance; biographical data and career goals at time of graduation; and biographical data, career information, and related activities 1 year after graduation. Information about non-graduates includes comparisons with graduates. Implications of findings are discussed, and recommendations are made pertaining to practical nursing education and employment.

HOWARD, D. ROBERT; and FASSER, C. EMIL.
1970. "Duke University's Physician's Assistant Program." *Hospital Progress*, 51 (2): 49-55 (February).

This progress report of the physician's assistant program describes the admission requirements; the current curriculum, with changes that have evolved and proposed changes for the future; program costs; and acceptance of the graduates by physicians and patients. The article includes some thoughts about the future of this health worker, salary, and questions, particularly in regard to licensure.

KELLER, MAJORIE J., in association with W. THEODORE MAY.
1970. *Occupational Health Content in Baccalaureate Nursing Education.* Bureau of Occupational Safety and Health and Training and Manpower Development. Public Health Service. Department of Health, Education, and Welfare. Cincinnati, Ohio. 126 pp. (Contracts PH-86-64-106 and PH-86-66-179.)

From 1965 to 1969, a project designed to identify occupational health nursing content essential in baccalaureate education for professional nursing was conducted at the University of Tennessee College of Nursing. The authors believe that the implications of the results of the project fall into four areas: (1) use of the theoretical framework and its application to nursing education; (2) use of the methodology in evaluating any content area of a nursing curriculum (with the content area of occupational health nursing already worked out); (3) continued refinement of the occupational health nursing achievement test; and (4) exploration of suggested ideas to provide additional meaningful learning experiences for professional nursing students in the work setting.

NATIONAL LEAGUE FOR NURSING.
1970. *A Validation Study of the NLN Pre-Nursing and Guidance Examination.* Pub. 17-1390. New York: The League. 65 pp.

The study relates student performance on the pre-nursing and guidance examination to survival in the education program, ratings of classroom and clinical performance, type of educational program, graduation, licensing examination results, racial background, and achievement test performance. In addition, data relating achievement and licensing test results are presented, and attrition and graduation statistics are analyzed. The sampling comprised more than 12,000 students from baccalaureate, diploma, and associate degree programs in 45 jurisdictions of the United States. (From *NLN News*, 18 (3): 11. May-June 1970.)

Nursing Service, Nurse Staffing, and Utilization

THE NATIONAL LEAGUE OF NURSING EDUCATION. THE COMMITTEE ON STUDIES.
1937. *A Study of the Nursing Service in Fifty Selected Hospitals.* (Reprinted from the *Hospital Survey for New York*, Vol. II, chap. V, pp. 355-429). New York: The United Hospital Fund of New York. 74 pp.

The purpose in making this study of nursing service in 50 acute general hospitals was "to find out how well hospital patients are nursed in New York City." Thirty-one voluntary, one county, and 18 municipal hospitals were chosen. The number of bedside nursing hours provided patients in the four basic services—medical, surgical, obstetric, and pediatric—in these institutions was obtained. The hours of care cited included time given by graduate nurses, student nurses, attendants, orderlies, and ward helpers. The time provided was examined in terms of type of hospital, basic service, and shift. Assessment of other factors included: the ratio of supervisors and head nurses to patients; the ratio of supervisors and head nurses to bedside workers; the extent to which non-professional workers are employed for bedside care; and the balance between patient load and bedside workers in the different hospitals.

Recommendations based on study findings included the following: suggested minimum number of hours of bedside service per patient in each 24-hour period, by type of service studied; the number and kinds of personnel needed and the number of hours of employment of those personnel needed for any hospital nursing service. Further study and research about the factors reviewed was strongly recommended.

NATIONAL LEAGUE OF NURSING EDUCATION. DEPARTMENT OF STUDIES.
1948. *A Study of Nursing Service.* New York: The League. 63 pp.

This was a study of the nursing services in one children's hospital and 21 general hospitals in the New York City area reputed to be well managed and to be providing high quality nursing care. An intensive study was made of the nurse-patient ratios in these hospitals and the duties performed by non-professional nursing personnel trained on the job. In all of the hospitals except one, the general hours of nursing care actually given per patient were fewer than the hours needed. The average ratio was 3.5 hours of nursing care per patient per day, of which two-thirds was provided by registered nurses and one-third by nursing aides, practical nurses, and others. The

study provided medians to be used as guides in determining the nursing needs of medical, surgical, obstetrical, and pediatric patients in general hospitals. Measures to improve the training. supervision, and utilization of nursing aides in hospitals were also recommended.

LEVINE, EUGENE; SIEGEL, STANLEY; and DE LE PUENTE, JOSEPH.

1961. "Diversity of Nurse Staffing Among General Hospitals." *Hospitals, Journal of The American Hospital Association*, 35: 42-48 (May 1).

This article presents data on the actual ratios of nurses to patients in short-term general and allied special hospitals in the United States in 1957. The data show the great diversity that exists among these hospitals in nurse staffing ratios. Many factors that may influence the nurse staffing of a hospital are suggested from an analysis of nurse staffing data.

MULANEY, GERTRUDE S.; CURTIS, JACK; ANTONMATTEI, JEAN; and WILHELM, MARGARET.

June 1963. *Quantitative Measurement of Nursing Service in Nursing Homes.* Milwaukee Health Department, Milwaukee, Wisc. 53 pp. (processed).

This is a report of a study by the Milwaukee Health Department that describes the amount of nursing time and the quality of nursing service utilized in the care of 114 patients in 14 nursing homes. Significant findings, study methodology, exploratory statistics, and a description of assisting personnel are reported. It is believed the data collected in the study can be useful in estimating the approximate time needed for the care of patients according to their specific capabilities or disabilities.

EDGECUMBE, ROBERT H.

1965. "The CASH Approach To Hospital Management Engineering." *Hospitals*, 39 (6): 70-74 (March 16, 1965).

This is a report of a project concerned with the improvement of nursing service management. The Commission for Administrative Services in Hospitals (CASH) is an incorporated, nonprofit organization which provides management engineering services for the improvement of hospital service through the use of modern management engineering techniques for a monthly subscription fee. At the time this article was written, 80 southern California hospitals were participating. The program includes: training of supervisory personnel in scientific management and industrial engineering techniques, and assistance in applying these techniques in the hospital; intensive surveys in the hospital to study departmental operations and data standards for job performance and departmental operations in order to establish their own performance standards, personnel, staffing, and departmental organization. The resources of the member hospitals are used for the development of improved methods and procedures, and information is disseminated on both individual and collective accomplishments to all the member hospitals for the advantage of each.

GARRETT, S. A. G., et al.

1966. "The Need for Intensive Nursing Care." *British Medical Journal*, 20: 34-41 (Jan. 1966).

Between July 1, 1963 and June 30, 1964, a study was done of patients requiring intensive nursing care in a general teaching hospital of 486 beds. Of the 486 beds, only 441 were included in the study: 203 surgical, 196 medical, and 42 pediatric. Postoperative patients were excluded from the study. Criteria for patients needing intensive nursing care were defined, and daily evaluations of need for intensive nursing care were made. It was calculated that, to meet intensive care needs on 95 percent of all occasions, four beds would be required. The duration of intensive nursing care in patients requiring this care and the categories and types of patients needing intensive nursing care in relation to all patients in the hospital are detailed. Methodology and a statistical appendix are given. (From an abstract in *Nursing Research*, 15 (4): 367. Fall 1966.)

AULD, MARGARET G.

1967. "An Investigation into the Recruitment and Integration of Part-time Nursing Staff in Hospitals." *International Journal of Nursing Studies.* 4(2): 119-168 (May).

This is a report of a survey conducted to ascertain why more trained nurses do not return to work part-time, what inducements are necessary to entice them back to the profession, and the best method of bringing new inducements to their work. The study revealed that a completely new outlook toward the recruitment and welfare of part-time nurses is needed, including changes in patterns of work, work functions and full integration of the part-time nurse as part of the nursing team.

HAWLEY, KAREN SUE.

1967. *Economics of Collective Bargaining by Nurses.* Industrial Relations Center, Iowa State University, Ames, Iowa. 180 pp. (processed).

This study explored the relationship between the use of collective bargaining by nurses and the nursing shortage. The study was supported by a survey of the economic status and working conditions of registered nurses in 122 Iowa short-term general non-Federal hospitals in March and April of 1967. A labor analysis was made in four main areas: (1) secondary work force characteristics of nurses; (2) determinants of and relationship between salaries and vacancies for hospital nursing personnel; (3) influence of preparational requirements upon the supply and quality of nurses; and (4) reaction of hospital administrators to higher nursing salaries. It was concluded that collective bargaining can have positive effects upon the supply of nurses by both increasing and making better use of the local supply.

MENDELOV, DAVID.

1967. *A Study of Various Organizational Arrangements of the Unit Manager System.* The George Washington University, Washington, D.C. 52 pp.

"An investigation of the question of at what level of authority Unit Managers function most effectively in hospital nursing units. Questionnaires were sent to selected hospitals employing Unit Managers, conferences were held with representatives of active programs, and a pilot program was used for first-hand observation. The author concluded the Unit Manager would be a co-equal of the charge nurse but should be organizationally placed under administration rather than nursing." (From *Abstracts of Hospital Management Studies,* VI: 145. June 1970.)

LEWIS, CHARLES E., and RESNIK, BARBARA A.

1967. "Nurse Clinics and Progressive Ambulatory Patient Care." *The New England Journal of Medicine,* 277 (23): 1236-1241 (Dec. 7).

"Report of a project to evaluate a more active role for nurses in ambulatory patient care in a medical clinic. Patients were randomly divided into two groups after initial testing and evaluation. One group received all their medical care from a nurse, the other did not. Patient reactions were assessed, and were generally negative toward the nurse. In a retest one year later, there was no change in control group. In the experimental group: the nurse was accepted as primary source of care; there was an increased adherence to appointment schedules; a better utilization of time; lower costs; decreased frequency of complaints; and 'quality of care and patients' satisfaction with care were higher.'" (From *Abstracts of Hospital Management Studies,* V: 260. June 1969.)

MICKEY, JANICE E.

1967. *A Methodological Study of Extra-Hospital Nursing Needs.* The Johns Hopkins University, Baltimore, Md. 562 pp.

This study developed and tested a method for estimating extra-hospital nursing needs of the total population of a county in Pennsylvania. The method employed an interview schedule soliciting nurse-related health problems in 18 categories, predetermined criteria of the intensity of need, and judgments for each category. Interview findings were tested against care actually given by public health nurses. It was concluded that nurses need considerably more help to be successful in assessing and meeting total public health nursing needs. However, judgments of needs were significantly related to certain demographic variables such as type and size of family, and educational and occupational status. Replication and refinement in study methods are suggested for development of a mathematical formula to be applied to census data for generating estimates of service needs. (Abstracted from *Abstracts of Hospital Management Studies,* VI: 183-184. June 1970.)

PRICE, ELMINA.

1967. "Data Processing. Present and Potential." *American Journal of Nursing,* 67 (12): 2258-2264 (December).

This article presents an overview on the potential effects of computerization upon nursing. It explains what is now possible to gain from computers, what is potentially possible, and how nurses will communicate with computers. The difference between manual, semi-automated, and fully automated systems is explained. The author delineates the place where nurses must participate in developing these systems.

AYDELOTTE, MYRTLE KITCHELL.

1968. *Survey of Hospital Nursing Services.* New York: National League for Nursing. 58 pp.

This is a report of a questionnaire survey of 93 items pertaining to the current status of nursing service activities in 1,172 short-term general non-Federal, non-psychiatric hospitals of all sizes. The survey, conducted in 1964, was intended to stimulate hospital nursing services to examine their status as a basis for implementing the criteria for effective nursing service developed by the National League for Nursing. Survey findings highlighted in the report include: nursing services' continuity for other services; limited inservice education programs; a variety of hospital educational programs; and the characteristics and activities of directors of nursing service. Survey findings point to needed changes in the organization and administration of nursing services and improved leadership for its administration. (Excerpted from a review by L. Flynn in *Nursing Research,* 18 (1): 90. January-February 1969.)

BUEKER, KATHLEEN; and SAINATO, HELEN K.

1968. *A Study of Staffing Patterns in Psychiatric Nursing.* Washington: Saint Elizabeth's Hospital. 103 pp.

The purpose of the study was to determine the effects of selected combinations of nursing staff with prescribed functions upon the therapeutic milieu and nursing care of patients.

The results of this study showed that a selected combination of 10 nursing staff, with functions prescribed by a graduate nurse, along with the services of a ward clerk and participation from the ward physician, increased the effectiveness of the ward milieu and improved the treatment program for patients. Comparison with wards that served as controls substantiated the findings reported here and elsewhere that traditional staffing patterns and only remote supervision by professional personnel maintain the status quo and custodial patient care.

DUNLAP, HENRY B.

1968. "Employee Turnover Costs Millions." *Hospital Forum,* XI (4):12-13 (July).

"Report of 1964 and 1966 studies on approximately one-half of the Southern California hospitals, considering employment costs, efficiency loss, training time and separation costs. Correc-

tive measures are recommended." (From *Abstracts of Hospital Management Studies,* V:127. July 1969.)

ESPOSITO, PAULETTE; and LOBOZZO, SANDRA.

1968. *A Manual for Team Nursing.* The Catholic Hospital Association, St. Louis, Mo. 56 pp.

"A manual explaining the principles and implementation of team nursing. The roles, responsibilities and relationship of the members of the professional health team, and particularly of the nursing team segment are outlined. Assignment planning, team conferences, and nursing care plans are explained. Criteria for team reports are given, as are specimens of report and assignment forms and an example of a nursing team conference." (From *Abstracts of Hospital Management Studies,* VI: 141. June 1970.)

MCLAREN, KAZUL K.

1968. *A Study of Professional Nursing—Non-Nursing Tasks in Public Health Nursing in Hawaii.* Public Health Nursing Branch. Medical Health Services Division. Hawaii State Department of Health. Honolulu. 34 pp. (mimeographed).

"A study was conducted in the 4 counties of Hawaii to determine which of the activities performed by public health nurses required professional nursing knowledge and which did not. Tasks were organized into units—planning and assessing, implementation of nursing care, evaluation, and study and research. The work units were categorized into service units—visit, clinic, school, nursing and home care, district management, health surveillance, and student and observer activities. Of the 570 tasks only 63.3% were considered by staff to need professional knowledge. Of the 449 tasks performed during the one-week time study by a random sample of staff public health nurses 58% needed professional knowledge. . . ." (From a review by V. Nelson in *Nursing Research.* 18 (6): 555. November-December 1969.)

MUSSALLEN, HELEN K.

1968. "No Lack of Nurses—But a Shortage of Nursing." *International Nursing Review,* 15 (1): 35-47 (January).

The author contends that in Canada there exists a shortage of available nursing hours rather than a nursing shortage. The causes of this shortage are identified as: poor utilization of nursing time, waste of nursing skills, staff turnover, emigration, and non-practicing personnel. Also, if the substandard levels of salaries and working conditions prevail, the writer states, an actual shortage of nurses will take place in the near future. The causes are discussed in detail, and a number of actions to improve the situation are proposed.

ROSNER, LESTER J.; ROSENBLUTH, LUCILLE; PITKIN, OLIVE; and MCFADDEN, GRACE M.

1968. *School Health Personnel Utilization Project. Report on Phase II. "An Experiment With A Restructured School Health Team."* Sponsored by Medical and Health Research Association of New York City, Inc. In cooperation with the Department of Health of the City of New York. 96 pp.

Staffing recommendations which resulted from the Phase I part, "A Study of Utilization Patterns: Methodology and Findings," were used in Phase II of the experiment. A team approach to the school health program was undertaken on a very large pilot basis in 95 public and parochial elementary schools and 12 junior high schools in New York City. Teams were composed of physicians, staff nurses, public health nurses, and public health assistants. The study showed that the team approach can reduce the amount of professional time wasted on subprofessional activities by professional people. It was further believed that with longer experience with the team approach, further reductions are possible.

ZIMMERMAN, JAMES P.

1968. "Initiating A Unit Management System." *Hospital Progress,* XLIX (2): 64-66, 72 (February).

The unit management system is one approach hospitals may use to improve utilization of unit staff and to expedite nursing care and services to patients. The initiation of a successful unit management system into a particular hospital depends upon a careful appraisal of the current hospital system and activities of unit personnel. Successful change and introduction of a new system depend upon mutual planning, cooperation, and communication between hospital administration and nursing service.

The author describes: the method used to initiate a unit management system in a 585-bed hospital; the time studies used to identify the activities of unit staff; a description of the non-nursing activities which served as the basis for the job description of the unit manager; the pilot unit; and the implementation of the total system.

DUNN, HELEN W., and MORGAN, ELIZABETH M.

1969. *The Nursing Audit.* National League for Nursing, New York. 42 pp. (May).

"A discussion of the nursing audit, an administrative tool for the evaluation of the quality of nursing care as reflected in the medical records, based on the seven years experience of the Department of Nursing at the University of Illinois Research and Educational Hospitals. The first section summarizes how the audit functions as an evaluative tool. The second section presents in detail the steps involved in setting up the audit and the distinction between the responsibilities of the Department of Nursing and the Medical Records Department. Charting practices and samples of forms are given." (From *Abstracts of Hospital Management Studies,* VI: 144. June 1970.)

HARDNER, SISTER MARGARET ANN.

1969. *A Study of Unit Management.* Xavier University, Cincinnati, Ohio. 117 pp.

"Study to determine the extent of the nursing Unit Management Program (UMP) in 400 + bed, voluntary, short-term general hospitals throughout the United States: to collect and analyze data about UMP's in these hospitals; to demonstrate the development and implementation of the UMP at St. Vincent Hospital and Medical Center, and to evaluate after one year. A profile of the Unit Manager and the UMP was developed from data collected by questionnaire for 43 UMP hospitals. Thirty-seven hospitals reported success or partial success in accomplishment of their objectives: mainly better use of nursing personnel and better patient care." (From *Abstract of Hospital Management Studies,* VI: 152. June 1970).

JOHNSON, WALTER L.

1969. *Content and Dynamics of Home Visits of Public Health Nurses; Part 2.* New York: American Nurses' Foundation. 134 pp. (paperback).

This is an empirical study focusing on the "communicative—interactional dimension" of the nurse's therapeutic role. This is the second and final volume of a field study initiated in 1956 to study contacts between patients and public health nurses. The first section was published in 1962, with the late Clara A. Hardin as coauthor.

The sample consisted of 289 home visits. The investigator describes the observational dimensions of the study and the methods used for statistical manipulation, sample comparison, and analyses. Correlations helped to identify researchable hypotheses, and the use of case analysis increased the force of some of the findings.

The findings present "some extremely valuable indicators for evaluating the quality of the nurse's home visits and suggests that the current standard of nursing care is not being met." The author states, "A limiting factor in the delivery of nursing care which has been documented repeatedly in this report is the variability of patient reactions to services rendered by the nurses." Also, he implies that the nurse needs to redefine "helping the patient" as "finding solutions to his patient's problems as he defines them, even if it takes time." Another implication the data offer for consideration is that "standards have been developed without regard to implementation or effectiveness."

(Based on a review by Beverly H. Brown in *Nursing Outlook,* 18 (4): 24. April 1970.)

MILLER, DULCY B.

1969. *The Extended Care Facility; A Guide To Organization And Operation.* New York: Blakiston Division, McGraw-Hill Book Co. 480 pp.

"In this book the author shares her years of experience as director of an extended care facility. The procedures and guidelines for organizing all departments and services should be especially helpful to those seeking federal approval for participation in the Medicare program."

This publication can be used as a reference for daily operational procedures, inservice educational programs, manual revisions, and employee orientation to special jobs.

It is a useful reference for the new as well as the experienced administrator. The former will acquire knowledge of the daily activities her job entails while the latter will be able to compare procedures of operation.

The 11 chapters with appropriate subtitles are complete for all services and departments in a good nursing home. The recipients of care—the patients—are the chief beneficiaries in a well-organized facility.

(From a review by Florence L. Blatz in *Nursing Outlook.* 18 (4): 24. April 1970.)

MONTGOMERY, T. A.

1969. "A Case for Nurse-Midwives." *American Journal of Obstetrics and Gynecology,* 105:309-313 (Oct. 1).

"Chronic shortage of physicians in a rural county hospital in California resulted in many deliveries in the county hospital being medically unattended. This led to the development in July, 1960, of a demonstration project calling for qualified nurse-midwives to provide maternity case services for all normal deliveries. Initially, the physicians were skeptical about the quality of care that could be provided by nurse-midwives. Their skepticism soon changed and they became staunch supporters of the program. Maternity patients also became enthusiastic about nurse-midwife services. Although there were only about 360 deliveries per year at the county hospital (60% of all deliveries in the county), the neonatal mortality rate fell from 23.9 per 1,000 live births to 10.3 per 1,000 live births. Prematurity dropped from 11% of all live births to 6.4%." (From an abstract in *Nursing Research,* 19 (2): 188. March-April 1970.)

O'BRIEN, MARGARET J.

1969. "Team Nursing in School Health." *Nursing Outlook,* 17: 28-30 (July).

"This study of the utilization of school health personnel was carried out in 1964 in 107 of the 1,200 schools in 3 districts of New York City. The school health team was reconstructed for this project so that it was headed by a public health nurse as team leader" and included two or more staff nurses, two or more public health assistants, and the school physician. The public health nurse and public health assistant roles were broadened and extended. The 1-year experiment succeeded in establishing a team approach in the school health program. It is felt that the nature of the team structure and the assignment of duties assured the utilization of each team member at his highest level, and that professional nurses were enabled to spend more time on professional duties than under previous circumstances. (From a review by J. Vian in *Nursing Research,* 18 (6): 558-559. November-December 1969.)

SJOBERG, KAY.

1969. "Unit Assignment—A New Concept." *The Canadian Nurse*, 65 (7): 29-31 (July).

A new staffing system on a 47-bed research ward is described. This ward is organized into six units of care, one 3-bed intensive care unit, two 5-bed above-average-care units, and three average-care units.

The definition of a unit is "the number of patients that can be effectively cared for by a registered nurse who is given adequate nursing assistance and supply services."

This article discusses unit assignments, the head nurses' role, staffing patterns, service staff, and communication. The unit assignment system of staffing will be fully evaluated in the coming months. To date, staff response has been favorable.

SPERLBAUM, ANDREA.

1969. *Bibliography of Service Unit Management.* Ann Arbor: University of Michigan. 55 pp.

"This annotated bibliography covers fifty-eight journal articles, theses and project reports which deal with experiences in nursing unit management." The period covered is 1952 to 1968. The following areas are covered in each annotation: (1) the job description of the unit manager; (2) the objectives to be attained; and (3) the experience each individual hospital had in implementing unit management.

STEWART, DIANE Y.

1969. "Nursing Organization—Circa 1969." *The Canadian Nurse*, 65 (2): 59-61 (February).

This article describes an organizational pattern of nursing service in keeping with current needs to relieve nurses of non-nursing functions. Traditional organization is supplanted by changes in the roles and functions of key persons responsible for nursing administration in a hospital and by the decentralization of authority from the director of nursing to other nursing staff. The plan provides for a nursing administrator on each floor; a nursing coordinator, who is a clinical specialist, for each 30-bed unit; and floor managers responsible to hospital administration.

UNIVERSITY OF MICHIGAN.

1969. *SCALE—Nursing Staffing Program, Hospital Systems Improvement Program.* Ann Arbor, Mich.: The University. 29 pp.

"Descriptions of the procedures and forms used in the SCALE (Systems for Control and Analysis of Levels of Effectiveness) Nursing Staffing Program. SCALE objectives are to establish standards for accurate prediction of staffing requirements and to provide personnel with an objective means of self evaluation in relation to staff utilization. The CASH (Commission for Administrative Services in Hospitals) Program and Research at the University of Michigan and Johns Hopkins University provided the background data. The SCALE program is based on a standard of four hours per day for an average partial care patient with adjustment multiples of .5 for self care and 2.5 for total-care patients and with additional factors of about one-fifth for those over 65. Allocation of nursing staff hours among RNs, LPNs, and auxiliary staff is determined by applying the Standard Hours per Patient Day to a Patient Classification System and applying that total to a Personnel Guide. Participating units will prepare a Nursing Staff Utilization Report to compare projected hours with actual nursing staff hours." (From *Abstracts of Hospital Management Studies*, VI: 152. June 1970.)

EAGEN, SISTER MARY CECILIA.

1970. "New Staffing Pattern Allows for Total Individual Quality Care." *Hospital Progress*, 51 (2): 62-64, 70 (February).

The author defines "total individual quality care" as "the assessment and planned care of each individual patient by a registered nurse." The registered nurse attempts to meet the needs of the patient either through her own professional capabilities or with the assistance of specialists in various disciplines. Functional care or team nursing care—both are considered by the author to be "traditional care."

The pilot unit was staffed by registered nurses, nursing assistants, and a ward clerk on the morning and afternoon shifts. Only registered nurses were employed on the night shift. All direct patient care was provided by the registered nurses. The nursing assistants and ward clerks were under the direct supervision of the registered nurses. Nursing assistants helped the nurse in all areas not directly associated with patient care. The ward clerk acted as a receptionist and performed selected clerical work, including the copying of physicians' orders, within the nursing unit. To avoid fragmented, depersonalized care, each registered nurse was responsible for total individual quality care for five or six patients on the unit.

This article describes the planning for the new staffing pattern, the inservice education required, the revision of job descriptions, and the plans for transferring and placing personnel; e.g., the head nurse, the licensed practical nurse, and the nursing aide positions were eliminated.

FREEMAN, RUTH B.

1970. *Community Health Nursing Practice.* Philadelphia: W. B. Saunders Co. 414 pp.

With a focus on perspectives and prospects of social change and their influence in health care, the author provides a comprehensive and scholarly piece of work on community health nursing practice. Purposes, roles, goals, and processes in community health nursing are discussed in depth from sound philosophic, scientific, and theoretical orientations.

Freeman keenly analyzes nursing care of pertinent target populations and specific health care problems. Many settings and conditions are presented in a clear and pertinent manner. She emphasizes the concept "nursing *the* community," using the family as the focal point of care. The chapter on neighborhood nursing programs will provide nurses with new and different ways to conceptualize their practice. The challenge is to interpret this holistic approach to the public, colleagues, and the health team. The implementation of this idea should have

a profound influence on patterns developed for delivering nursing services, the expanding practice of community health nursing, and research.

This publication is helpful as a text and as a reference. Chapter references and bibliographies offer direction for self-initiated study, and expand borders of current issues in nursing with a futuristic view. (Excerpted from a review by Dr. Loretta Ford in *American Journal of Nursing*, 71 (1): 93-94. January 1971.)

LUNT, J.

1970. "Bridging the Gap in Continuity of Care." *Nursing Times*, 66:12, 372 (March 19).

Improved continuity of care and service to patients has resulted since a district nursing liaison arrangement was established between a hospital and three local authorities. The arrangement enables the nursing liaison officer to:

(a) Make hospital ward rounds each morning with the medical and nursing staff of the hospital, thus improving the understanding between them.

(b) Visit the patient while still in the hospital. This has lessened his anxiety for his aftercare and it gives the nurse the opportunity to assess the patient's requirements for home care.

(c) Visit the home on the day of operation—to reassure relatives and tell them about postoperative care.

Since the establishment of this two-way service, the staff public health nurse feels more comfortable about calling the hospital and obtaining certain services or changes in services for her patients as the need arises; e.g., rescheduling outpatient appointments, delaying hospital discharges, or obtaining a hospital re-admission.

PALISIN, HELEN E.

1971. "Nursing Care Plans Are a Snare and a Delusion." *American Journal of Nursing*, 71 (1): 63-66.

The value of nursing care plans for patients is questioned by the author. The limitations of this method of communication in the work situation in the hospital setting are discussed. Palisin asserts that nursing care plans may have some value for patients who are acutely ill and cannot communicate, but proliferation of such a tool for all patients not only complicates the communication process but interferes with individualized care.

WORLD HEALTH ORGANIZATION.

1971. *Planning and Programming for Nursing Services.* Public Health Papers, No. 44. Geneva: Office of Publications and Translation. 123 pp.

Of particular value and interests are the Annexes to the guide. They describe particular planning techniques such as the CENDES/PAHO method and the planning methods used in U.S.S.R. A bibiliography and a glossary of the terms used in the guide and in planning are included.

Indexes, Journals, Periodicals, and Publications Lists

American Education.

U.S. Department of Health, Education, and Welfare. Office of Education. Patricia L. Cahn, editor. Washington: U.S. Government Printing Office. Published 10 times a year.

This publication features current information for Federal, State, and local levels on legislation, research results, and issues pertaining to education. All levels of education are included. This periodical was first issued in 1965.

American Institute of Planners Journal.

Baltimore, Md.: Port City Press. Published quarterly: February, May, August, and November.

Public management and planning information for city and regional planning are presented in the form of charts, maps, book reviews, bibliographies, and abstracts.

American Journal of Nursing.

New York: The American Journal of Nursing Company Monthly publication. Date of first issue 1900.

As the official magazine of the American Nurses' Association, it offers material on clinical and nursing care, nursing service, and advances in the general health field as they apply to nursing.

American Journal of Public Health and the Nation's Health.

Albany, N.Y.: American Public Health Association, Inc. Published monthly.

The official journal of the Association is devoted to scientific knowledge, issues, trends, developments, programs, administration, personnel management, utilization, training, and education, in all fields of public health endeavor. It contains articles and reports on surveys, studies, and research in these areas. A book review section and selected annotated references are included, as well as items of association business and news notes of professional interest.

ANA 1969-70 Publications List.

New York: American Nurses' Association. Published periodically.

This comprehensive list of available publications and reprints includes official ANA statements, clinical studies, legislation, guidelines for practice, significant statistical surveys and data, analysis of key trends in nursing, and general references. It is revised periodically to help nurses and related groups keep up to date with important developments in nursing practice, education, and research.

Catalog of Publications 1968-1969.
St. Louis, Mo.: The Catholic Hospital Association, Publications Department. Published periodically.

This catalog lists manuals, guides, books, articles, and reports on general hospital topics, hospital administration, nursing service, and medical technology available from the Association. Included are manual guides on team nursing, master staffing plan, the audit, inservice education, and ward clerks.

Cumulative Index to Nursing Literature.
Glendale Adventist Hospital, Glendale, Calif.

This cumulative index—to date, a set of four editions—covers the period 1956-1968. The first edition contains volumes I-V (1956-1960); the second edition, volumes VI-VIII (1961-1963); the third edition, volumes IX-XI (1964-1966); and the fourth edition, volumes XII-XIII (1967-1968).

These editions contain subject matter of interest to nurses, compiled from the nursing literature and elsewhere, and arranged according to subject and author. Since the first edition, both format and content have changed. The most recent edition contains greater coverage of nursing and health-related publications, as well as selected articles from popular publications.

Grant Data Quarterly.
Los Angeles: Academia Media Inc. Published quarterly.

This reference journal provides a picture of grant support available from government, business, professional organizations, and foundations. A program breakdown includes—among other categories—health, medical, and social sciences and the humanities. Types of grants available are described, as well as eligibility qualifications, financial data, duration of grant, and scope of the grant program.

Health Services Research.
Chicago: Hospital Research and Educational Trust. Published quarterly.

This journal contains original articles, progress reports, and news notes on a wide variety of research projects and new technology concerned with the organization and delivery of health services.

Hospital Abstracts.
A monthly survey of World Literature prepared by the Ministry of Health. London: Her Majesty's Stationery Office. Published monthly since 1960.

Publications and original papers covering the whole field of hospitals and their administration, with the exception of strictly medical and related professional matters, are summarized.

Hospital Literature Index.
Chicago: American Hospital Association. Published quarterly.

This is an author-subject guide to periodical and selected literature on all areas of hospital administration; planning; financing; and administrative aspects of the medical, paramedical, and prepayment fields. It does not include references on clinical medicine. Published quarterly, with the fourth issue an annual accumulation.

International Journal of Nursing Studies.
Long Island City, N.Y.: Pergamon Press. Published quarterly.

This journal covers all aspects of nursing and allied professions throughout the world. Emphasis is on community needs, preparing young people for assuming nursing duties, and encouraging nursing research.

International Nursing Index.
New York: American Journal of Nursing Company, in cooperation with the National Library of Medicine. Published quarterly since 1966.

Articles in 160 nursing journals from all over the world and those in non-nursing journals currently listed in *Index Medicus* are included. There is a subject section, an author section, and an index of nursing publications.

NLN Publications Catalog.
New York: National League for Nursing. Published annually in May.

A list of available publications about nursing service and nursing education, ranging from administrative guides to evaluation tools for institutions and individuals to general information materials about nursing. It includes mimeographed books, booklets, manuals, reports, surveys, reprints, and record forms. Listings are annotated briefly as to content.

Nursing Outlook.
New York: The American Journal of Nursing Company. Published monthly since January 1953.

The official magazine of the National League for Nursing, for nurses in public health, nursing service administration, and nursing education, with materials and articles pertinent to these fields.

Nursing Research.
New York: The American Journal of Nursing Company. Published quarterly since 1952.

This journal contains articles on scientific studies in nursing, reports of nursing research activities, and reviews and abstracts of existing research literature. It is designed to make the products of nursing research accessible to research workers, practitioners, educators, and students of nursing and other health professions, and to stimulate new research in nursing.

Nursing Studies Index, Volume III, 1950-1956.
Prepared under the direction of Virginia Henderson. Philadelphia: J. B. Lippincott Co. 653 pp. 1966.

This index is an annotated and comprehensive guide to reported studies, research in progress, research methods, and historical materials in periodicals, books, and pamphlets, all of which are published in English.

Nursing Studies Index, Volume IV, 1957-1959.
Prepared under the direction of Virginia Henderson. Philadelphia: J. B. Lippincott Co. 281 pp. 1963.

This index is an annotated and comprehensive guide to reported studies, research in progress, research methods, and historical materials in periodicals, books, and pamphlets, all of which are published in English.

Nursing Update.
Darien, Conn.: Miller and Fink Publishing Corporation. Published monthly since October 1970.

This magazine provides the reader with practical, useful, and up-to-date clinical and nursing information. The format enables the reader to be selective by the use of "Express Stops" (summaries in boldface type in the margins of each article), capsule information such as charts and checklists, and a quiz as a review or memory aid.

Planning Urban Affairs.
Beverly Hills, Calif.: Sage Publishers, Inc. Published annually.

This annual reference volume, published since 1968, presents critical analyses of current interests in urban affairs, prepared by experts in various fields of urban studies. It covers programs, policies, and current developments in all areas of concern to urban specialists.

Public Health Reports.
U.S. Department of Health, Education, and Welfare. Public Health Service. Washington: U.S. Government Printing Office. Published monthly.

This official publication of the U.S. Public Health Service covering items of value and knowledge in health fields is prepared primarily for distribution to directors and supervisors of public health programs and to institutions training public health personnel. It contains articles, reports, and items on the technical, scientific, administrative, service, and educational aspects of health of potential interest to this audience.

Publications Catalog of the American Hospital Association.
Chicago: The American Hospital Association. Published January and July.

This complete listing of professional publications developed by the American Hospital Association (AHA) includes manuals, monographs, reports, reprints, and official statements of the AHA, on all aspects of hospital administration, operations, services, staffing, personnel, and public relations, as well as clinically related subjects, surveys of the health care field, and research project data.

Readers Guide to Periodical Literature.
Index to Selected U.S. General and Non-Technical Periodicals of Reference Value in Libraries. New York: The H. W. Wilson Co. Published twice a month, with cumulative volumes. From 1900 to date.

This is a guide to U.S. periodicals of broad, general, and popular character. It also lists U.S. popular non-technical magazines representing all the important scientific, technical, and subject fields.

Research in Education.
U.S. Department of Health, Education, and Welfare. Office of Education, Bureau of Research, Division of Information Technology and Dissemination, Educational Resources Information Center. Washington: U.S. Government Printing Office. Published monthly.

This abstract journal announces recently completed research and research-related reports as well as current research projects in the field of education. Each edition is made up of résumés followed by indexes. The indexes cite the contents by subject, author or investigator, institution, and accession number.

Research in Education. Annual Index: January-December (For each year).
U.S. Department of Health, Education, and Welfare. Office of Education, Bureau of Research, Division of Information Technology and Dissemination. Washington: U.S. Government Printing Office.

Indexes to the research reports that were announced in the monthly issues of *Research In Education* from January through December are provided. The annual publications are intended as a companion volume to the individual issues.

Social Sciences and Humanities Index.
New York: The H. W. Wilson Co. Cumulative volumes published at regular intervals. 1907 to date.

This publication is a social science and humanities index of 209 journals, in English, that are international in scope and published in the United States, Canada, and Great Britain.

Social Security Bulletin.
U.S. Department of Health, Education, and

Welfare. Social Security Administration, Office of Research and Statistics. Washington: U.S. Government Printing Office. Published monthly.

This publication contains current and trend information and data on the programs administered by the Social Security Administration.

Ulrich's International Periodical Directory. New York and London: R. R. Bowker Company. Issued triennially. 1932 to date.

This is a classified guide to a selected list of current periodicals—foreign and domestic. Over 16,000 periodicals are classed as follows: scientific, technical, medical, arts, humanities, business, and social sciences.

Appendix 3

Guide to Statistical Data

Appendix 3 is designed to provide guidance in selecting statistical data on health services, health manpower, and educational resources, as well as related social and economic data of potential use in planning for nursing needs and resources.

Part 1 of this appendix is an annotated bibliography of selected statistical publications that are issued periodically by the Federal Government, professional associations, and private agencies. The references are grouped under six topics (as shown in the table of contents on the next page) and arranged alphabetically by name of author or department under each topic.

Part 2 of this appendix is a guide, in tabular form, to other possible sources of existing statistical data that may be available although not published. The sources are listed under general topics, as shown in the table of contents, next page.

The types and amounts of information available will vary from one area and State to another, depending upon the programs and interests of the specific agencies and organizations and their resources for collecting and compiling data. Some agencies may have trend data covering 10 or more years on certain subjects.

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Part 1 — Annotated References to Published Statistics

Abstracts of Social, Political, and Economic Statistics

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1968. *Directory of Federal Statistics for States: 1967.* Pub. 1968 0-268-066. Washington: U.S. Government Printing Office. 372 pp.

This is the first issue of a guide to current statistics for States. It is intended to serve as a comprehensive guide for finding available published sources of Federal statistics on social, political, and economic subjects. The references provided consist of the latest data available in print prior to the final preparation of this directory. Sources cited contain data for 1960 or later for each of the 50 States. If a table or series contains data for fewer than 25 States, the contents are summarized when those States represent all or most of the particular phenomenon or activity described. Availability of data for Puerto Rico and outlying areas is separately indicated for each item shown.

Style of presentation is described and terms and abbreviations are defined. A list of complete bibliographic citations, arranged alphabetically by issuing Federal agency, appears as an appendix to the book.

This publication is a companion document to the *Directory of Federal Statistics for Local Areas,* published by the Bureau of the Census in 1966.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

Statistical Abstract of the United States. Washington: U.S. Government Printing Office. Published annually. Average 1,000 pp.

This standard summary of statistics on the social, political, and economic organization of the United States is designed to serve as a convenient volume for statistical reference and as a guide to other statistical publications and sources. Major sections of interest include: population; vital statistics; education; income; labor force; Federal, State, and local government finance and employment; agriculture; transportation; construction; and manufacturing.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

Health, Education, and Welfare Trends, Part 1, National Trends. Washington: U.S. Government Printing Office. Published annually from 1960 to 1967. Average 200 pp.

Each edition presents current-year national data on program operations in health, education, and welfare fields; past decade annual data; and selected projections to the next decade. Included are such items as vital statistics, health manpower and facilities, medical care expenditures, income, social insurance and protection, and enrollments in elementary, secondary, and higher education.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

State Data and State Rankings in Health, Education, and Welfare. Part 2 of Health, Education and Welfare Trends. Washington: U.S. Government Printing Office. Published annually from 1960 to 1967. Average 65 pp.

Each edition presents State data and ranking of States for population; vital statistics; and expenditures and services in the fields of health, education, and welfare that are presented in Part 1.

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

1964. *Industry Wage Survey: Hospitals Mid-1963.* BLS Bulletin 1409. Washington: U.S. Government Printing Office.

Results of a survey of earnings and supplemental wage benefits are reported for short-term private and State and local government hospitals with 100 employees or more and located in metropolitan areas. Average weekly earnings are reported for registered nurses in selected positions for the United States and regions of the country.

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

1966. *Industry Wage Survey: Hospitals.* BLS Bulletin 1553 (July). Washington: U.S. Government Printing Office. 107 pp.

A survey of earnings and supplementary wage benefits of hospital employees including nursing personnel, in July 1966, are reported in this bulletin. The survey covered all private

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and State and local government hospitals throughout the Nation (except Alaska and Hawaii). Federal hospitals were excluded. Mean, median, and middle-range earnings are given for regions of the country and for selected metropolitan areas.

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

1969. *Industry Wage Survey: Nursing Homes and Related Facilities. October 1967 and April 1968.* Bulletin 1638. Washington: U.S. Government Printing Office. 76 pp. (Issued periodically.)

The information contained in this publication is based on a Bureau of Labor Statistics sample survey of proprietary and voluntary (nonprofit) nursing homes and related facilities in the United States. The nonsupervisory employee categories, full-time and part-time, surveyed as to earnings and supplementary benefits were: registered professional nurses; practical nurses, licensed and unlicensed; nursing aides; kitchen helpers; laundry workers; maids and porters; and other nonsupervisory employees.

Data were collected by personal visits to the establishments included in the sample. Tabulations of establishment practices and supplementary wage provisions are given for the United States, by regions and by selected areas. Tables included in the report give: average hourly earnings by selected characteristics, e.g., facilities primarily providing skilled nursing care; occupational averages by type of establishment, e.g., establishments not providing skilled nursing care; and occupational averages in 15 selected areas, e.g., Baltimore, Maryland, and Cleveland, Ohio.

U.S. DEPARTMENT OF LABOR. BUREAU OF LABOR STATISTICS.

National Survey of Professional, Administrative, Technical, and Clerical Pay. Washington: U.S. Government Printing Office. Published annually since 1960. Average 75 pp.

This publication summarizes the results of the annual salary survey of 81 selected occupations in private industry throughout the United States except Alaska and Hawaii. National, annual, and monthly mean, median, and middle-range salaries are presented by occupation, and job descriptions are included. This report is useful as a guide for salary administration purposes, for general economic analysis, and for comparison among occupations.

Education and Educational Resources

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS.

College Education: Key to a Professional Career in Nursing. New York: The League. Published annually. Average 15 pp.

This pamphlet gives general information about collegiate education for nursing. A State listing of senior colleges and universities that offer baccalaureate programs accredited by the National League for Nursing details educational and other requirements for admission, length of program, living arrangements, clinical experience arrangements, possibility of part-time study, and the cost of required tuition and fees.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS.

Master's Education, Route to Opportunities in Modern Nursing. New York: The League. Published annually. Average 15 pp.

This pamphlet gives information about master's degree programs in nursing, with a list of NLN-accredited college and university master's programs in nursing. The type of control of each program, admission requirements, curriculum offered, clinical practicum, length of program, tuition and fees, and living arrangements are described.

NATIONAL LEAGUE FOR NURSING. DEPARTMENT OF DIPLOMA PROGRAMS.

Education for Nursing The Diploma Way. Code No. 16-1314. New York: The League. Published periodically. Average 40 pp.

This publication gives general information on requirements, goals, and features of diploma programs. It contains a State listing of NLN-accredited programs by name, location, and control. For each school listed, it describes admission requirements, educational prerequisites, length of program, affiliations with colleges, living arrangements, and cost to students for tuition and fees.

NATIONAL LEAGUE FOR NURSING. RESEARCH AND DEVELOPMENT.

State Approved Schools—LPN, LVN. New York: The League. Average 75 pp. Published annually since 1961.

This yearly list, by State and territories and by name and address of adult education and high school programs for licensed practical nurses, gives statistical information on the characteristics of these programs. Included are NLN accreditation status, administrative control, principal source of financial support, age and educational admission requirements, length of program, enrollments, admissions, and graduations. State and regional summary tables are included.

NATIONAL LEAGUE FOR NURSING. RESEARCH AND DEVELOPMENT.

State-Approved Schools of Nursing—R.N. New York: The League. Average 100 pp.

Published annually since 1955. Average 100 pp.

This yearly list, by State and territories and by name and address of baccalaureate, associate degree, and diploma programs, gives statistical information on the characteristics of programs. Included are NLN accreditation status, administrative control, financial support, admission policies, and the number of enrollments, admissions, and graduations. State and regional summary tables are included.

NATIONAL LEAGUE FOR NURSING. RESEARCH AND DEVELOPMENT.

1968. *The Nurse Career-Pattern Study. Biographical Data Reported by Entering Students, Fall 1965.* Pub. 19-1321. New York: The League. 6 pp.

Statistics are presented in tabular form on the family and environmental backgrounds of students entering a sample of nursing programs, by type of program. Included are such items as religion, ethnicity, place of birth, educational attainment of parents, occupation of father, and family income.

NATIONAL LEAGUE FOR NURSING. RESEARCH AND DEVELOPMENT.

1969. *The Nurse Career-Pattern Study. Biographical Data Reported by Entering Students. Fall 1969.* Pub. 19-1364. New York: The League. 4 pp.

Statistical tables give the ethnic background, religion, age, estimated family income, and other biographical data of students who entered a sample of associate degree, baccalaureate, and diploma programs.

NATIONAL LEAGUE FOR NURSING. RESEARCH AND STATISTICS SERVICE.

Nurse-Faculty Census. New York: The League. Published periodically. Average 10 pp.

These census reports contain national data on numbers and qualifications of nurse faculty members in all nursing education programs, including number of unfilled budgeted positions. State breakdowns are not given. Reports are available for 1964, Code No. 19-1146, and for 1966, Code No. 19-1231.

TATE, BARBARA L.

1968. "Rate of Graduation in Schools of Nursing." *International Nursing Review,* 15 (4): 339-346.

This report concerns the rate of graduation of students who entered a sample of schools of nursing in the fall of 1962. The sample included each type of basic nursing education program representative of schools in the Nation, in terms of their regional location, religious affiliation, administrative control, and financial support. When admissions to nursing programs in 1962 were compared with those in 1954 and 1955, the rate of attrition appeared to have increased in the baccalaureate programs, and was higher in associate degree (1962 data only) than in diploma programs. Study findings seemed to indicate that as nursing education tends to move toward these two types of programs, it will be necessary to have a considerably larger number of students admitted in order to realize the same proportion of graduates as would have come from diploma programs.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. OFFICE OF EDUCATION.

Digest of Educational Statistics. Washington: U.S. Government Printing Office. Published annually 1962-67. Average 130 pp.

This yearly abstract of national and State statistical information covers elementary and secondary education, higher education, Federal programs of education, and miscellaneous statistics related to American education. It contains trend and current data on enrollments, graduations, earned degrees, teachers and instructional staff, schools and school districts, facilities, retention rates and educational attainment, income, expenditures, facilities, job opportunities, and research and development.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. OFFICE OF EDUCATION.

Opening Fall Enrollments in Higher Education: Part B—Institutional Data. Washington: U.S. Government Printing Office. Published annually. Average 130 pp.

This publication, a supplement to Part A, details for the previous year actual enrollments of first-time students in degree credit programs and in occupational programs, by State and institution. Data are also presented by sex of student and full-time or part-time attendance.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. OFFICE OF EDUCATION.

Projections of Educational Statistics. Washington: U.S. Government Printing Office. Published annually since 1964. Average 68 pp.

National statistical projections are made for a 10-year period on enrollments, graduates, teachers, and expenditures for elementary and secondary schools and institutions of higher education. Projections are based on trends over the preceding 10-year period, and are extrapolated for 10 years into the future.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. OFFICE OF EDUCATION.

1964. *Residence and Migration of College Students, Fall 1963, State and Regional Data.* Higher Education Studies Branch. Di-

vision of Statistical Analysis. Washington: U.S. Government Printing Office. 100 pp.

This circular presents summary State and regional data on the residence and migration of college students in the fall of 1963, by level of enrollments and by level and control of institution. Statistical analysis is made for undergraduate and graduate students, for men and women, and for publicly and privately controlled institutions.

U.S. DEPARTMENT OF LABOR. WOMEN'S BUREAU.
1966. *College Women Seven Years After Graduation. Resurvey of Women Graduates—Class of 1957.* Bulletin 292. Washington: U.S. Government Printing Office. 54 pp.

The findings of a 1964 survey of women graduates of the June 1957 graduating class of 153 colleges and universities revealed rising interest of college women in paid employment and continuing education. This report presents statistical data and information on their family status and employment, salaries, future employment plans, work history, and occupational patterns. Nurses were included and reported in the survey.

Health Facilities and Services

AMERICAN HOSPITAL ASSOCIATION.
Hospitals, Journal of the American Hospital Association, Guide Issue, Part 2. Chicago: The Association. Published annually since 1945. Average 650 pp.

This controlled data source contains a State list of hospital association members by name, control, type of service, and number of beds. It details data on admissions, occupancy, average daily patient census, expenses, revenue, and assets. Accredited extended care facilities are listed by name and location, as are professional schools for health personnel and organizations and agencies in the health field.

JACOBS, STANLEY E.; PATCHIN, NAOMI; and ANDERSON, GLENN L.
1969. *A.H.A. Nursing Activity Study: Project Report.* Chicago: American Hospital Association. 503 pp.

"Report details a nationwide study of nursing activities in adult medical and/or surgical units in 55 of the nation's short term general hospitals, conducted by AHA. Work-sampling was conducted on a round the clock basis for 7-12 days in each hospital. Additional data gathered include hospital, patient and unit characteristics, staff hours, by category of staff for each unit/day/shift and hourly salary data. All data are converted to magnetic tape and are available to nursing research personnel. Charts of these data are also included in appendices. Major findings are: 1) There was an average of 4.39 hours of care per patient per day. 2) There were no significant differences in hours of care per patient among hospitals grouped by certain characteristics of size, university affiliation and specialization. 3) After age 55, hours per care per patient increased significantly with age 4) Head nurses and ward clerks provided same amount of care for all age groups, but care per patient provided by other nursing personnel increased significantly from under age 65 group to 65-74 and 75 and over group. There were no differences in care hours by sex group. 5) Same amount of nursing care per age group was rendered in both medical and surgical units. There was, however, wide variation between hospitals in amount of care for under and over 65 age groups. 6) There were wide variations between regions in pay rates for like staff and wide variation in policies regarding payment of shift differentials. 7) Data from 40 of the hospitals were extrapolated to 1,776 hospitals of like characteristics which indicate annual additional cost for providing care to elderly was $30 million and $10 million." (From *Abstracts of Hospital Management Studies*, VI:146-147. June 1970.)

NATIONAL COUNCIL FOR HOMEMAKER SERVICES, INC.
1967. *Directory of Homemaker-Home Health Aide Services. 1966-67.* New York: The Council. 181 pp. (Supplemental publications planned.)

All known agencies providing homemaker-home health aide services (direct service only) in the United States are listed. Agencies are arranged alphabetically, by State and city. The person designated in charge and groups served by each agency are noted. Sponsoring organizations and members of the National Council for Homemaker Services are identified. Three homemaker registries, members of NCHS, are also included.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING. DIVISION OF NURSING.
Services Available for Nursing Care of the Sick at Home. PHS. Pub. 1265. Washington: U.S. Government Printing Office. Published periodically—1959, 1961, 1964. 1966. Average 75 pp.

This is a report on the distribution of the population by State, county, and territory, with available services for nursing care of the sick at home. It also provides information on agency costs and fees for services, number and types of contracts for care, size of nursing staff, services provided by paranursing personnel, and agencies and personnel providing services.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

1970. *Hospitals: A County and Metropolitan Area Data Book.* Data compiled from the 1967 Master Facility Inventory. Reported by the National Center for Health Statistics. PHS Pub. 2043, Sec. 1. Washington: U.S. Government Printing Office. 234 pp.

This report contains hospital data at the State, SMSA, and county levels. The data for the United States include type of ownership, number of beds, occupancy, and admissions. This volume is section 1 of a 3-section series containing State and county information on health facilities and health professions.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

1970. *Nursing Homes: A County and Metropolitan Area Data Book.* Data compiled from the 1967 Master Facility Inventory. Reported by the National Center for Health Statistics. PHS Pub. 2043, Sec. 2. Washington: U.S. Government Printing Office. 234 pp.

This report contains nursing home data at the State, SMSA, and county levels. The data for the United States include type of ownership, number of beds, number of residents, and number of full-time personnel.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. HEALTH CARE FACILITIES SERVICE. OFFICE OF PROGRAM PLANNING AND ANALYSIS.

1971 *Hill-Burton Program Progress Report, July 1, 1947—June 30, 1970.* Health Facilities Series. HSM Pub. 72-4005 (Revised 1970). Washington: U.S. Government Printing Office. 83 pp.

This report, which is revised each year, presents national and State statistics on the projects that have been approved for the construction, modernization, and replacement of voluntary nonprofit and other health facilities throughout the Nation under the Hill-Burton program. Data cover fiscal years since the beginning of the program in 1947 and are classified by type of facility, type of construction, size of community, bed capacity, total cost, and Federal funding.

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. HEALTH CARE FACILITIES SERVICE. OFFICE OF PROGRAM PLANNING AND ANALYSIS.

1971. *Health Care Facilities: Existing and Needed. Hill-Burton State Plan Data as of January 1, 1969.* Health Facilities Series. HSM Pub. 72-4004 (Revised 1971). Washington: U.S. Government Printing Office. 90 pp.

This report, which is revised annually, summarizes national and State data on civilian health facilities available and needed in the United States. Statistics are taken from inventory data generated in the development of State plans for hospital and related health-facility construction. Data for the preceding year are classified by type of facility, hospital beds per 100,000 population, conforming and nonconforming beds in accordance with minimum Federal standards, beds needed, beds to be added, and beds to be modernized. Trend data are presented for some types of facilities. Previous editions (PHS Pub. 930-F-2) have annual summaries, 1948-68, and trend data since 1948.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. DIVISION OF INDIAN HEALTH.

Indian Health Highlights. Washington: U.S. Government Printing Office. Published annually since 1960. Average 65 pp.

Population, vital statistics, and health service data for the 23 Federal Indian Reservation States and Alaska Natives include trends from 1950. Population distribution by age and sex, family income, and educational levels are analyzed. Birth rates, morbidity for selected causes, mortality, and data on hospital use, health center visits, and home visits are recorded.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. SOCIAL SECURITY ADMINISTRATION. BUREAU OF HEALTH INSURANCE.

1968. *Directory of Medicare Providers of Services: Extended Care Facilities. Title XVIII. Health Insurance for the Aged.* Washington: U.S. Government Printing Office. 210 pp. (To be reissued as required.)

"This directory is a compilation of the names and addresses of extended care facilities which are participating as providers of services in the Health Insurance for the Aged Program."

And "To facilitate reference, the directory is arranged in alphabetical sequence by State; by city within State; and by the name of the extended care facility."

This directory was prepared to furnish "identifying information regarding the availability of extended care services covered under Title XVIII of the Social Security Act." By definition, "a provider of services is an extended care facility which (1) meets certain requirements under the Health Insurance for the Aged Act and (2) has entered into an agreement

with the Secretary of Health, Education, and Welfare to provide services to Health Insurance beneficiaries."

Similar directories are available for hospitals, home health agencies, and independent laboratories participating in the Health Insurance for the Aged Program.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. SOCIAL SECURITY ADMINISTRATION. BUREAU OF HEALTH INSURANCE.

1968. *Directory of Medicare Providers of Services: Home Health Agencies. Title XVIII. Health Insurance for the Aged.* Washington: U.S. Government Printing Office. 152 pp. (To be reissued as required.)

"This directory is a compilation of the names and addresses of home health agencies which are participating as providers of services in the Health Insurance for the Aged Program. It was prepared to furnish identifying information regarding the availability of home health agencies covered under Title XVIII of the Social Security Act."

The agencies are listed in alphabetical order by State; by city within the State; and by the name of the home health agency.

A provider of service is defined as "a home health agency which (1) meets certain requirements under the Health Insurance for the Aged Act and (2) has entered into an agreement with the Secretary of the Department of Health, Education, and Welfare to provide services to Health Insurance beneficiaries."

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. SOCIAL SECURITY ADMINISTRATION. BUREAU OF HEALTH INSURANCE.

1968. *Directory of Medicare Providers of Services: Hospitals. Title XVIII. Health Insurance for the Aged.* Washington: U.S. Government Printing Office. 290 pp. (To be reissued as required.)

"This directory is a compilation of the names and addresses of hospitals which are participating as providers of services in the Health Insurance for the Aged Program. It was prepared to furnish identifying information regarding the availability of hospital services covered under Title XVIII of the Social Security Act."

The directory is arranged in alphabetical sequence by State; by city within the State; and by name of the hospital.

By definition, a provider of service is "a hospital which (1) meets certain requirements under the Health Insurance for the Aged Act and (2) has entered into an agreement with the Secretary of the Department of Health, Education, and Welfare to provide services to Health Insurance beneficiaries."

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. SOCIAL SECURITY ADMINISTRATION. BUREAU OF HEALTH INSURANCE.

1968. *Directory of Medicare Suppliers of Services: Independent Laboratories. Title XVIII. Health Insurance for the Aged.* Washington: U.S. Government Printing Office. 146 pp. (To be reissued as required.)

"This directory is a compilation of the names and addresses of independent laboratories which are participating as suppliers of services in the Health Insurance for the Aged Program." Identifying information regarding the availability of independent laboratory services covered under Title XVIII of the Social Security Act is furnished.

The directory is arranged "in alphabetical sequence by State; by city within State; and by the name of the independent laboratory."

By definition, "a supplier of service is an independent laboratory which (1) meets certain requirements under the Health Insurance for the Aged Act and (2) has received an approval from the Secretary of the Department of Health, Education, and Welfare to permit reimbursement for specified laboratory tests performed for Health Insurance beneficiaries."

Health Manpower Statistics

AMERICAN COLLEGE OF NURSE-MIDWIFERY.

Descriptive Data, Nurse Midwives, U.S.A. New York: The College. Issued periodically. Average 6 pp. (mimeographed). 1963 and 1968 editions.

The distribution of the supply of nurse-midwives, their type of practice, and position and educational preparation are briefly described.

AMERICAN HOSPITAL ASSOCIATION.

1967. *Manpower Resources in Hospitals—1966.* Summary Report of a Survey Conducted by the Bureau of Health Manpower, Public Health Service, Department of Health, Education, and Welfare, and the American Hospital Association. Chicago: The Association. 75 pp.

This report gives U.S., regional, and State data on the number of health personnel in 33 categories employed full-time and part-time in hospitals in April 1966, and the current and most urgent needs for additional personnel. Utilization characteristics of the responding hospitals are summarized.

AMERICAN MEDICAL ASSOCIATION. DEPARTMENT OF SURVEY RESEARCH.

Distribution of Physicians and Hospital Beds in the United States. Chicago: The Association. Published annually 1963 through 1965. Average 300 pp.

The distribution of non-Federal physicians practicing in regions, States, counties, Standard Metropolitan Statistical Areas (SMSA's) and potential SMSA's are detailed by specialty and major professional activity for the United States and its possessions. Summary tables are provided.

AMERICAN MEDICAL ASSOCIATION. DEPARTMENT OF SURVEY RESEARCH.

Distribution of Physicians, Hospitals, and Hospital Beds in the United States. Chicago: The Association. Published annually 1966 through 1969. Average 200 pp.

The location, specialty, and functional category or professional activity of doctors of medicine are detailed by regions, divisions, States, and counties for the United States and its possessions. Included also are the number of hospitals and hospital beds, the resident population, and certain general economic characteristics, by county. The distribution of non-Federal physicians practicing in Standard Metropolitan Statistical Areas (SMSA's) and potential SMSA's are detailed by specialty and major professional activity for the United States and its possessions. Summary tables are provided.

(NOTE: Previous publications have been less detailed. However, the American Medical Association has been a source of information on the location, specialty, and professional activities of doctors of medicine since 1906.)

AMERICAN MEDICAL ASSOCIATION. CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT. DEPARTMENT OF SURVEY RESEARCH.

1971. *Distribution of Physicians in the United States, 1970. Regional, State, County, Metropolitan Areas.* Chicago: The Association. 329 pp.

This publication updates data on the distribution of physicians in the United States and its possessions for 1970. The types of data and information contained in this publication are essentially the same as those formerly included in the two AMA citations listed above.

AMERICAN NURSES' ASSOCIATION.

Facts About Nursing. A Statistical Summary. New York: The Association. Published annually since 1939. Average 250 pp.

Comprehensive statistical information is compiled concerning nursing personnel in the United States, its distribution by kinds, educational background, and employment fields. Data about nursing education programs are included by type, State distribution, and student admissions, enrollments, and graduations. Other data pertain to economic security, population, hospital utilization, insurance coverage, and medical expenses.

AMERICAN NURSES' ASSOCIATION. RESEARCH AND STATISTICS DEPARTMENT.

1969. *RN's 1966 . . . An Inventory of Registered Nurses.* Prepared by Eleanor D. Marshall and Evelyn B. Moses. New York: The Association. 50 pp.

The State distribution of the Nation's registered nurse supply as identified in the 1966 Inventory is described, by age, marital status, employment status, highest educational preparation, area of clinical practice, and type of positions in hospitals and public health work.

KNOPF, LUCILLE; TATE, BARBARA L.; and PATRYLOW, SARAH.

1970. *Five Years After Graduation.* New York: National League for Nursing. 76 pp.

This is the report of a study that traced the careers of 3,014 students who entered 117 practical nursing schools in 1962. Mailed questionnaires were used to collect data describing the work life of this sample of practical nurses for the first 5 years following graduation from the practical nursing programs. Factors influencing work force participation—age, marital status, personal satisfaction, salary, working conditions, available employment, and interrupted employment—are presented. Study findings have resulted in recommendations relating to practical nursing education, employment, and suggested areas for further study.

MARSHALL, ELEANOR D., and MOSES, EVELYN B.

1965. *The Nation's Nurses. Inventory of Professional Registered Nurses.* New York: American Nurses' Association, Research and Statistics Program. 39 pp.

The State distribution of the Nation's registered nurse supply as identified in the 1962 Inventory is described as to age, marital status, employment status, fields of practice, and types of positions in hospitals and public health work. Data on a special substudy of the educational preparation of nurses in 15 States is included.

MARSHALL, ELEANOR D., and MOSES, EVELYN B.

1971. *LPN's, 1967, An Inventory of Licensed Practical Nurses.* Research and Statistics Department, American Nurses' Association. Washington: U.S. Government Printing Office. 105 pp.

This 1967 survey by the American Nurses' Association is the first one conducted to obtain baseline data on licensed practical nurses. The methodology used was the same as for the registered nurse inventories. The data collected from the State Boards of

Nursing covered practical nurses with active registrations, those employed, and those inactive in nursing—also their age, sex, marital status, field of employment, employment status, basis of original licenses, and nurse-population ratios. In addition to State data, distributions of licensed practical nurses were given by county and metropolitan areas. County identification was made from the mailing address rather than the employment address.

U.S. Department of Health, Education, and Welfare. Public Health Service.

1953. *Health Manpower Source Book. Section 2. Nursing Personnel.* PHS Pub. 263. Washington: U.S. Government Printing Office. 81 pp.

This source book is a compilation and systematic organization of data from various sources on nursing personnel, principally graduate or registered nurses and practical nurses. Data are presented for States and four geographic regions. Included are trends in supply, 1910-1952, their distribution, population ratio, age, sex, and marital status. Comparative data are given for nurses in six fields. The number of schools of nursing, student admissions, enrollments, graduations and student-instructor ratios are also included. For 1951, nurse-patient ratios in hospitals are detailed.

U.S. Department of Health, Education, and Welfare. Public Health Service. Division of Nursing.

1966. *Health Manpower Source Book. Section 2, Nursing Personnel.* PHS Pub. 263, Revised January 1966. Washington: U.S. Government Printing Office. 113 pp.

The second revision of this source book presents trend data by States on registered nurses and practical nurses, including numbers, general distribution, licensure, training, and field of practice. Biennial estimates of the registered nurse supply are included. Each set of tables is preceded by a discussion of methods used in making estimates and an evaluation of sources and background material needed for accurate interpretation of the data.

U.S. Department of Health, Education, and Welfare. Public Health Service. National Institutes of Health. Division of Nursing.

1969. *Health Manpower Source Book. Section 2, Nursing Personnel.* PHS Pub. 263, Revised 1969. Washington: U.S. Government Printing Office. 144 pp.

The third revision of this source book contains the most recent data available in early 1969 for the States and the Nation on the number, distribution, and characteristics of nursing personnel. Data are also compiled for the four geographic regions. In addition to an updating of information contained in previous editions (e.g., nursing education), the text has been revised where necessary to discuss new definitions and new trends, similarities, differences, and limitations of nurse manpower surveys, and preliminary effects of legislation on nurse education and supply. Although the focus of the publication is on the registered nurse, the growth of practical nursing and all nursing personnel who serve patients in hospitals is also discussed. Projections of registered nurse need and supply, with emphasis on the varying factors that affect these determinations, and a discussion of methodology for estimating both are found in this edition. Previous editions were published in 1953 and 1966.

U.S. Department of Health, Education, and Welfare. Public Health Service. National Institutes of Health. Bureau of Health Professions Education and Manpower Training.

1969. *Health Manpower Source Book. Section 20, Manpower Supply and Educational Statistics for Selected Health Occupations: 1968.* PHS Pub. 263, Sec. 20, Washington: U.S. Government Printing Office. 164 pp.

This publication updates data in *Health Manpower Perspective: 1967* and supplements data in *Health Resources Statistics 1968.* Statistics on the supply and education of health manpower are presented for the following fields: medicine, osteopathy, dentistry, optometry, pharmacy, podiatry, veterinary medicine, nursing-R.N., dental assisting, dental hygiene, laboratory technology, medical record librarianship, medical technology, occupational therapy, physical therapy, radiologic technology, and public health. Trends in supply, their geographic distribution, ratio of supply to population, and educational resources are detailed by States. Projections of supply are included.

U.S. Department of Health, Education, and Welfare. Public Health Service. National Institutes of Health. Bureau of Health Professions Education and Manpower Training.

1970. *Health Manpower Source Book. Section 21, Allied Health Manpower. 1950-80.* PHS Pub. 263, Sec. 21. Washington: U.S. Government Printing Office. 107 pp.

This report is concerned chiefly with professional, technical, and supportive workers in the fields of patient care, public health, and health research, who engage in activities that support, complement, or supplement the professional functions of physicians, dentists, registered nurses, and personnel engaged in environmental health activities. Allied health manpower and resources are classified by categories for which basic preparation is at least a baccalaureate and those for which it is less than baccalaureate. Data are presented on estimated employment in selected fields in 1967, and on personnel requirements and projected supply for 1975 and 1980. Trend data as available on educational programs, students, and graduates cover the

period 1949-69. The appendix includes an inventory of Federal programs that support health occupations training, and a discussion of methods of estimating requirements.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE.

1966. *Occupational Health Nurses. An Initial Survey.* Division of Occupational Health. PHS Pub. 1470. Washington: U.S. Government Printing Office. 146 pp.

This report presents data from a 1964 questionnaire survey of occupational health nurses identified during the 1962 *Inventory of Professional Registered Nurses.* It provides descriptive data on their characteristics, such as age, marital status, educational preparation, previous work experience, and place of employment by regions. Characteristics of work places are detailed by type of industry and number of employees, and include the size of nursing staff, salaries, and type of medical and nursing supervision. State tables are included in the appendix on the structure of health units in which occupational health nurses were employed.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. BUREAU OF HEALTH MANPOWER.

1967. *Health Manpower, Perspective: 1967.* PHS Pub. 1667. Washington: U.S. Government Printing Office. 81 pp.

This report presents a review of present supply, needs, and shortages in health occupations, education, and health services. It details Federal aid now available for educational programs in the health field, and suggests possible methods of improving the quantity and quality of health manpower. Statistical tables and graphs, plus a bibliography and other references, support the text.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF COMMUNITY HEALTH SERVICES.

1967. *Local Health Officers: Statistics and Characteristics.* PHS Pub. 1636. Washington: U.S. Government Printing Office. 20 pp.

Characteristics of medical and nonmedical administrators of local health departments in the United States in 1966 are presented in this publication. State breakdowns are given for age, educational preparation, tenure, type of health units in which employed, full- and part-time employment and vacancies.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF NURSING.

Nurses in Public Health. Washington: U.S. Government Printing Office. Annual reports 1937 through 1953, report for 1957 and biennially beginning in 1960. Average 60 pp.

This census reports the number of agencies and the number of registered nurses and licensed practical nurses employed full-time and part-time by official and nonofficial local, State, and national health agencies and boards of education. Data on the educational preparation of registered nurses and type of position are included.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF PUBLIC HEALTH METHODS and the NATIONAL CENTER FOR HEALTH STATISTICS.

1965. *Location of Manpower in Eight Health Occupations, 1962. Section 19 of Health Manpower Source Book.* PHS Pub. 263. Washington: U.S. Government Printing Office. 167 pp.

This source book details the quantitative distribution of the 1962 supply by region, State, county, metropolitan areas, Rand-McNally trading areas, and State economic areas. It includes data on population distribution, effective buying income, and number of general hospital beds. The eight occupations are: physicians (M.D. and D.O.), dentists, registered nurses, pharmacists, sanitarians, sanitary engineers, and veterinarians.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. DIVISION OF PUBLIC HEALTH METHODS in cooperation with DIVISION OF DENTAL PUBLIC HEALTH AND RESOURCES and DIVISION OF NURSING.

1964. *Manpower in the 1960's. Section 18 of Health Manpower Source Book.* PHS Pub. 263. Washington: U.S. Government Printing Office. 67 pp.

This report presents statistical data on the characteristics of health manpower, with particular emphasis on physicians (M.D. and D.O.), dentists, and registered nurses. It includes data on the U.S. civilian labor force by major occupational groups and their characteristics, 1950 and 1960, and health service employees by occupational groups, 1950 and 1960. For physicians, dentists, and registered nurses, it details the 1963 supply and ratio to population by States, educational institutions, trends in school enrollments and graduates, and the projected 1975 supply.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

1968. *Health Resources Statistics Reported From the National Center for Health Statistics. Health Manpower and Health Facilities, 1968.* PHS Pub. 1509. 1968 edition.

Washington: U.S. Government Printing Office. 260 pp.

This edition updates to 1968 the 1965 statistical information in the previous edition and adds statistics on inpatient facilities including hospitals, nursing homes, and other inpatient health facilities.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

1969. *Inventory of State Surveyors of Health Facilities for Licensure and Certification.* Submitted by The Ad Hoc Committee on Training and Composition of State Agency Personnel. Prepared by Subcommittee on Definition and Identification of Surveyors, Qualifications and Functions. 37 pp. Available from Community Health Service, Division of Health Resources, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852.

This committee report compiles information obtained by survey questionnaire from 49 States and the District of Columbia on the functional processes and staffing patterns for State surveyors for certification and licensing of health facilities. Data are detailed on the number of surveyors by discipline, age, marital status, full- and part-time employment, work experience, supervisory responsibility, and specific survey functions. Data are also included on the salary and educational preparation of surveyors and on inservice training and education for survey staff. The survey revealed that one-half of the surveyors were registered nurses.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

1971. *Health Manpower, A County and Metropolitan Area Data Book.* Reported by the National Center For Health Statistics, Division of Health Resources Statistics. PHS Pub. 2044. Washington: U.S. Government Printing Office. 164 pp.

This report contains data for the United States on the distribution of pharmacists and registered nurses in 1966, physicians and dentists in 1967, and podiatrists and veterinarians in 1968, by State, standard metropolitan statistical area (SMSA), county group within State, and county. Data also include the distribution of population in 1966, and effective buying income in 1966 and 1967.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

1971. *Health Resources Statistics Reported From the National Center for Health Statistics, 1970.* PHS Pub. 1509, 1970 Edition (Feb.) Washington: U.S. Government Printing Office. 362 pp. To be published annually.

This edition updates to 1970 the statistical information in the previous edition (1969) including statistics on inpatient facilities—hospitals, nursing homes, and other inpatient health facilities. The first edition, published in 1965, contained health manpower data only. The latest edition includes statistics on outpatient and nonpatient health services.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. COMMUNITY HEALTH SERVICE. COMMUNITY PROFILE DATA CENTER.

1969. *An Analysis of the Current Status of Selected Health Manpower in the United State and Projections of Additional Requirements.* Washington: The Center. 72 pp. (processed).

This study presents statistical data drawn from existing sources on the distribution by State and region of seven selected categories of health manpower. Ratios per 100,000 population are also presented. The manpower categories enumerated include physicians by specialty, registered nurses, licensed practical nurses, laboratory technicians, radiological technicians, physical therapists, and pharmacists. Most data are for 1966 or later. Data on physician distribution by population size of metropolitan areas are also included. These data are also found in a different form in *Health Resources Statistics, 1968.*

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL CENTER FOR HEALTH STATISTICS.

1967. *Health Resources Statistics: Health Manpower, 1965.* PHS Pub. 1509. Washington: U.S. Government Printing Office. 182 pp.

This report encompasses 140 health occupations requiring some special education or training to function in the health field. Information and statistics are presented on occupational duties, current labor force, State distribution, employment trends since 1950, type of practice, educational and licensing requirements, and trends in the number of schools and graduates.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTE OF MENTAL HEALTH.

1965. *Mental Health Manpower Current Statistical and Activities Report. No. 7. Selected Characteristics of Nurses Employed in Mental Health Establishments, 1963.*

Training and Manpower Resources Branch. Mental Health Manpower Studies Unit. Washington: U.S. Government Printing Office. 8 pp.

This report details data obtained by special questionnaire on 18,010 nurses reported in the 1962 *Inventory of Professional Registered Nurses* who were employed in mental health establishments during the period December 1962 through May 1963. Data are analyzed nationally for age, professional experience and affiliation, activities in a typical week, type of employing establishment, and staffing patterns by educational levels. State tables are presented for data on the distribution of nurses, their sex, and level of educational preparation.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTE OF MENTAL HEALTH.

1965. *Mental Health Manpower Current Statistical and Activities Report. No. 8. Survey of Mental Health Establishments—Staffing Patterns and Survey Methodology.* Training and Manpower Resources Branch, Mental Health Manpower Studies Unit. Washington: U.S. Government Printing Office. 12 pp.

This report presents findings on staffing patterns by type of employment setting for personnel employed in the core disciplines of psychiatry, psychology, psychiatric social work, and psychiatric nursing. Data collected in a nationwide survey conducted in 1963 are analyzed for outpatient clinics and for private and public hospitals for the mentally ill and the mentally retarded. The report covers the characteristics of personnel as to age, sex, citizenship, and education, as well as selected work activities and hours employed.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTE OF MENTAL HEALTH.

1966. *Mental Health Manpower Current Statistical and Activities Report. No. 10. Professional Mental Health Personnel Employed in States.* Training and Manpower Resources Branch, Mental Health Manpower Studies Unit. Washington: U.S. Government Printing Office. 27 pp.

This report presents a detailed statistical analysis of data on the characteristics of psychiatrists, psychologists, social workers, and nurses employed in mental health establishments and classified by States. Data on general distribution, age and sex, educational attainment, citizenship, and total hours employed was obtained in a nationwide survey conducted in 1963.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL INSTITUTES OF HEALTH. BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING. DIVISION OF NURSING.

1970. *Nursing Personnel in Hospitals, 1968.* Washington: U.S. Government Printing Office. 372 pp.

This is a report of a survey of nursing manpower in all hospitals in the United States in May of 1968. Statistical data without analysis are detailed for 50 States and the District of Columbia, and are summarized for the United States as a whole. Staffing patterns for registered nurses, practical nurses, nursing aides, orderlies, attendants, and clerical personnel are categorized by full-time and part-time employment, by type of position, type and size of hospital, and type of nursing unit or service. Data on the number of nursing personnel employed in non-nursing positions are included.

Population Statistics

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

Current Population Reports. Series P-25. Washington: U.S. Government Printing Office. Published periodically. Average 100 pp.

Periodic issues in this series are devoted to: (1) monthly estimates of the total population of the United States; (2) annual midyear estimates of the population of the States by broad age groups, and of the United States by age, color, and sex; (3) annual estimates of the components of population change; and (4) projections of future population of the United States.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1962. *U.S. Census of Population: 1960. Census Tract Reports.* Series PHC (1). Washington: U.S. Government Printing Office.

Population and housing data from the decennial census are given for 175 tracted areas in the United States and Puerto Rico. The reports contain population data classified as to age, race, marital status, ethnic origin, education, school enrollment, migration, occupation, income, and certain characteristics of the nonwhite population. Housing data are classified by tenure, color of head of household, number of rooms, bathrooms, units, year built, heating, plumbing, number of persons in unit per

room, and certain characteristics of housing units with nonwhite household head for selected tracts.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1962. *U.S. Census of Population: 1960. Characteristics of the Population.* Volume I, Series PC (1). Washington: U.S. Government Printing Office. (Also see 1970 Census when available.)

The volume contains population, social, and economic characteristics from the decennial census. There is a separate report for 57 areas: one for the United States; each of the 50 States and the District of Columbia, Puerto Rico, Guam, Virgin Islands, American Samoa, and the Canal Zone. Population counts for States, counties, and their urban and rural parts and urbanized areas are given in chapter A. Chapter B gives statistics on age, sex, marital status, color or race, and relationship to head of household. Ethnic origin, migration, income, and employment characteristics are detailed in chapter C and are cross-classified in chapter D.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1962. *U.S. Census of Population: 1960. Subject Reports.* Volume II, Series PC (2). Washington: U.S. Government Printing Office. (Also see 1970 Census when available.)

This volume consists of approximately 40 reports on the decennial census devoted essentially to detailed cross-classifications for the United States and regions, for such subjects as national origin and race, fertility, families, marital status, migration, education, employment, unemployment, occupation, industry, and income. On some subjects (e.g., migration), statistics for standard metropolitan statistical areas or States are given. In addition, there are reports on veterans. The U.S. population overseas and the geographic distribution and characteristics of the institutional population are included.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1962. *U.S. Census of Population: 1960. Selected Area Reports.* Volume III, Series PC (3). Washington: U.S. Government Printing Office. (Also see 1970 Census when available.)

This report contains selected characteristics of the population from the decennial census according to State economic areas and social and economic data by size of urbanized area and urban place.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1966. *Americans at Mid-Decade.* Series P-23, No. 16, Revised. Washington: U.S. Government Printing Office. 30 pp.

Broad aspects of population change and growth since the 1960 Census, the geographic distribution of the population, and their social and economic characteristics are reported. Included is information on mobility, the labor force, unemployment, family income, educational attainment, and age structure.

U.S. DEPARTMENT OF COMMERCE. BUREAU OF THE CENSUS.

1966. *Current Population Reports. Population Estimates. Illustrative Projections of the Population of States: 1970-1985.* Series P-25, No. 326, Feb. 7. Washington: U.S. Government Printing Office. 106 pp.

This report presents alternative series of projections of total population of States from 1970 to 1985, taking into account data on interstate migration from the 1960 Census as well as the estimated changes in State population that have occurred since 1960. Projections are given by regions, divisions, and States, and data are shown for broad age groups, sex, and color, and by quinquennial dates.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. NATIONAL CENTER FOR HEALTH STATISTICS.

Data from the Institutional Population Surveys. PHS Pub. 1000, Series 12. Washington: U.S. Government Printing Office. Published periodically. Average 50 pp.

This publication reports statistics on the health characteristics of persons in institutions and on medical, nursing, and personal care received. The data are based on national samples of establishments providing medical, nursing, and personal care, and samples of the residents or patients.

Vital and Health Statistics

GROVE, ROBERT D., and HETZEL, ALICE M.

1968. *Vital Statistics Rates in the United States, 1940-1960.* U.S. Department of Health, Education, and Welfare. Public Health Service. National Center for Health Statistics. PHS Pub. 1677. Washington: U.S. Government Printing Office. 881 pp.

Data are brought forward to 1960 and basic mortality and

natality data found in an earlier report are included, as are areas not previously covered, such as statistics on life expectancy, marriages, and divorces. Several basic series show data from its first year of availability. Charts provide graphic descriptions of the trends of selected vital statistics through 1960.

LINDER, FORREST E., and GROVE, ROBERT D.

1943. *Vital Statistics Rates in the United States, 1900-1940.* U.S. Department of Commerce. Bureau of the Census. Washington: U.S. Government Printing Office. 1051 pp.

This volume brings together and summarizes past time trends, 1900-1940, and the 1940 status of important mortality and natality rates. The authors hoped that the vital statistics for the 40-year period would be an essential aid and guide for health administrators and social analysts in the decades ahead.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION.

Vital and Health Statistics. Data from the National Health Survey. National Center for Health Statistics. PHS Pub. 1000, Series 10. Washington: U.S. Government Printing Office. Published periodically. Average 50 pp.

This series reports statistics on illness; accidental injuries; disability; use of hospital, medical, dental, and other services; and other health-related topics based on data collected in a continuing national household interview survey.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. DIVISION OF INDIAN HEALTH.

Illness Among Indians. Washington: U.S. Government Printing Office. Published annually since 1960. Average 20 pp.

Data on the incidence of communicable diseases, new cases of "notifiable" diseases, and other selected diseases among the beneficiary population of the Division of Indian Health are summarized and published each calendar year. Trends over a period of years are analyzed for a number of diseases that are of particular importance among Indians and Alaska Natives. Comparisons are made with data for the general population, wherever possible. Some of the diseases are not reportable nationally, however, because of their minor significance in the population at large.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. NATIONAL CENTER FOR HEALTH STATISTICS.

Data from the Health Examination Survey. PHS Pub. 1000, Series 11. Washington: U.S. Government Printing Office. Published periodically. Average 50 pp.

This publication reports data from direct examination, testing, and measurement of national samples of the population. Two types of reports include: (1) estimates of the medically defined prevalence of specific diseases in the United States and the distribution of the population with respect to physical, physiological, and psychological characteristics; and (2) analysis of relationship among the various measurements without reference to an explicit finite universe of persons.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. NATIONAL CENTER FOR HEALTH STATISTICS.

Data from the Hospital Discharge Survey. PHS Pub. 1000, Series 13. Washington: U.S. Government Printing Office. Periodically. Average 50 pp.

This publication reports statistics relating to discharged patients in short-stay hospitals. Data are based on a sample of patient records in a national sample of hospitals.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. NATIONAL CENTER FOR HEALTH STATISTICS.

Data on Mortality. PHS Pub. 1000, Series 20. Washington: U.S. Government Printing Office. Published periodically. Average 50 pp.

This publication series presents various statistics on mortality other than as included in monthly and annual reports. It includes special analyses by cause of death, age, and other demographic variables, as well as geographic and time series analyses.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. NATIONAL CENTER FOR HEALTH STATISTICS.

Data on Natality, Marriage, and Divorce. PHS. Pub. 1000, Series 21. Washington: U.S. Government Printing Office. Published periodically. Average 50 pp.

This series presents various statistics on natality, marriage, and divorce other than as included in annual or monthly reports. It includes special analyses by demographic variables, also geographic and time series analyses and studies of fertility.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES

AND MENTAL HEALTH ADMINISTRATION. NATIONAL CENTER FOR HEALTH STATISTICS.

Data from the National Natality and Mortality Survey. PHS Pub. 1000, Series 22. Washington: U.S. Government Printing Office. Published periodically. Average 50 pp.

This publication series presents statistics on characteristics of births and deaths not available from vital records based on sample surveys stemming from these records. Included are such topics as mortality by socioeconomic class, medical experience in the last year of life, characteristics of pregnancy.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. NATIONAL CENTER FOR HEALTH STATISTICS.

Vital Statistics of the United States: (Year). Vol. I, *Natality.* Vol. II, *Mortality, Part A,* and Vol. II, *Mortality, Part B.* Washington: U.S. Government Printing Office. Published annually.

Natality data in Volume I concern the birth rates and characteristics, local area statistics, and technical appendix. Mortality, Part A, in Volume II, has six sections on mortality as follows: general, infant, fetal, accident, life tables, and technical appendix. Mortality, Part B, in Volume II, has geographic detail for mortality and mortality data for Puerto Rico and Virgin Islands (U.S.).

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. PUBLIC HEALTH SERVICE. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION. CENTER FOR DISEASE CONTROL.

Morbidity and Mortality Annual Supplement Summary. Atlanta, Ga.: The Center. Published annually. Average 60 pp.

The Annual Supplement carries final figures on the reported incidence of "notifiable" diseases. Information is based on summaries submitted to the Center for Disease Control by the individual States through the National Morbidity Reporting System and data collected by the Tuberculosis Program, the Venereal Disease Program, and two surveillance units of the Epidemiology Program—the Neurotropic Viral Disease Unit and the Rabies Control Unit.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. SOCIAL SECURITY ADMINISTRATION. OFFICE OF RESEARCH AND STATISTICS.

Research and Statistics Health Insurance Statistics. Publication Staff, Washington, D.C. Published periodically. Average 20 pp.

This brochure highlights data on the recipients, covered services, and costs of the health insurance programs administered by the Social Security Administration. It includes reports on special surveys and studies on various aspects of the programs, and may include State and regional breakdowns in data.

Part 2

Guide to Other Possible Sources of Existing Data

Category	Possible source	Type of data	Comments
CAREER INCENTIVES:			
Recruitment into nursing.	State nurses' association, league for nursing, student nurses' association, State board of nursing, health career councils, hospital association, medical society auxiliaries, other professional and health associations, and individual schools.	Written or verbal reports and information on recruitment activities, programs, and processes such as "Candy Stripers," career days, speakers bureaus, recruitment literature, career counseling, and coordinated activities between health agencies, educational institutions and schools of nursing.	May require survey questionnaire or structured interview instrument to compile comprehensive data.
EMPLOYMENT CONDITIONS:			
Salaries and fringe benefits.	State hospital association.	Data from periodic surveys of member hospitals may include data on holidays, vacations, sick leave, retirement and insurance plans, laundry, meals, and in-service education programs.	Some associations may have trend data for 5, 10, or more years.
	Committees on practice of State and district nurses' associations.	Data as above for various practice fields from special surveys.	When State nurses' associations, through their economic security program, act as bargaining agents for nursing groups, data and information in brief are usually held as confidential.
	State health department.	Data as above for health manpower in public health fields or State-operated institutions and agencies; may be statewide data from special surveys or employment information from fiscal division or Civil Service Commission for official government employees.	

Category	Possible source	Type of data	Comments
GENERAL EDUCATION:			
Recruitment pool for nursing.	State department of education.	Number of male and female high school graduates and projections of graduates for future years. May be published reports or may be available from the research and statistics section of the department.	Tabulations by counties and for areas of a State may be possible when information is available and listed by school.
Resources and plans for school or program expansion.	State department of education, public instruction, or vocational education.	Master plans for secondary, technical, and higher education.	May include firm plans for practical nurse, associate degree, and bachelor's programs in nursing and other health manpower training and education programs.
HEALTH AND VITAL STATISTICS:			
Births, deaths, and reportable illnesses.	State health department.	Incidence and rates for State and by county or health regions of the State from vital records. May be classified by age, sex, race. May have data from special or periodic collections, studies, and tabulations in report form.	Usually published each year in a special report or as part of the annual report of the department.
HEALTH FACILITIES:			
Diagnostic, treatment, and rehabilitation centers.	State health department.	Inventory usually part of State plan for construction and renovation of medical and health facilities.	
Hospitals.	State hospital association.	Listings of member hospitals, by location, ownership, type of service, and number of beds.	
	State health department. Division or section for hospital and medical facilities, or with licensing authority and responsible for State plan for the construction of hospital and medical facilities.	Number of licensed hospitals, by ownership, type of service, number of beds, geographic distribution by county or planning areas, and plans for expansion.	

Category	Possible source	Type of data	Comments
Nursing homes and homes for the aged.	State health department. (See *Hospitals* above.)	Number of licensed homes, by State classification for licensure, number of beds, ownership, geographic distribution, and plans for expansion.	
	State nursing home association.	Listing of member homes, by location, ownership, State classification, number of beds, and type of service.	
HEALTH PLANNING FOR GEOGRAPHIC AREAS:			
Health information and data for health planning.	Health information centers or State centers for health statistics being developed on State or regional basis.	Depending upon stage of development of the center, may have aggregate data on population; vital and health statistics; health facilities, services, financing and utilization; health manpower; and related socio-economic data.	Sponsorship of centers will vary. Statistical units of State Health Department or State Comprehensive Health Planning Agencies should know when centers are developed and the location.
HEALTH SERVICES:			
Coverage, duplication, and gaps in services.	Planning groups and health and welfare councils, as stated above.	Planning documents, annual reports of service agencies, special reports or data from special surveys.	Planning groups and health and welfare councils may routinely assemble and compile data and information from service agencies and community groups, prepare special reports, and conduct special studies.
Mental health services.	State department of mental health or division of mental health of State health department.	Inventory data usually part of the State plan for mental health and the State plan for mental retardation.	
Needs and demands for health care and services.	State comprehensive health planning agency, private health planning councils, health and welfare councils, and community action program groups conducting projects under Office of Economic Opportunity.	Data on target populations, health needs, facilities, services provided and planned for, and resources available and needed from comprehensive health planning documents, mental health and mental retardation plans, hospital and medical facilities (Hill-Burton) planning documents. And surveys and planning documents for OEO projects.	May have data from special surveys and studies conducted as part of planning.

Category	Possible source	Type of data	Comments
NURSE SUPPLY:			
Hospital nurses.	State board of nursing.	On licensure records—not classified as to type of hospital.	May be collected yearly, and may or may not be tabulated.
	State hospital association.	Periodic survey data on categories of nursing personnel, number employed full- and part-time, type of positions, and budgeted vacancies.	
	State health department. Division, bureau, or section for hospital and medical facilities.	Yearly counts as noted above, maintained for planning purposes or for checking compliance with State licensure codes for nurses.	
Inactive nurses.	State board of nursing.	On licensure records; may be tabulated or be in report form.	Includes data on characteristics of nurses for years when inventory questionnaire is used.
	State inactive nurse projects.	Survey data or reports on number and characteristics of nurses, reasons for inactivity, desire to return to work, need for refresher courses, length of inactivity.	Available from agency holding manpower reactivation project contract. May be State nurses association, State health department, State university, etc. (1967 through 1971).
Licensure examinations.	State board of nursing.	Number of first-time examinations and reexaminations for licensure of registered nurses and practical nurses, scores, failures, State standing.	
Migration of supply.	State board of nursing.	Licensure data on records, tabulated or in report form, on endorsements to and from the States or from other countries for licensure for registered nurses and practical nurses.	Yields data only on nurses who maintain licensure.
Mobility of supply.	State hospital association.	Special survey data on turnover and stability of personnel in member hospitals.	

Category	Possible source	Type of data	Comments
Nurses in nursing education programs.	State board of nursing.	On licensure records; may or may not be tabulated.	
Nurses in physicians' offices.	State board of nursing.	On licensure records; may or may not be tabulated.	
Nurses in private practice.	State board of nursing.	On licensure records; may be collected yearly. May include registered nurses and practical nurses.	
	Hospital registries, private registries, and registries approved by State nurses' associations.	Number of registered nurse and practical nurse registrants. Number of "sitter" registrants or auxiliary nursing personnel registrants.	
Occupational health nurses.	State board of nursing.	On licensure records; not classified as to place and type of employment.	May be collected yearly and may or may not be tabulated.
	State health department or State department, division, bureau, or section of industrial health, or occupational health.	May maintain and periodically update a list of occupational health nurses by place of employment. May have more detailed data on number employed by category of personnel, full- and part-time and type of industrial establishment.	
Practical or vocational nurses.	State board of nursing.	Licensure data on records, tabulated or in report form, on number of nurses licensed, employment status, and place of residence.	
Public health nurses.	State health department.	Inventory of registered nurses and licensed practical nurses employed in public health work. Available by county and State. May include auxiliary nursing personnel such as clinic aides, hearing and screening technicians, home health aides. Includes nurses employed in school health programs.	Compiled biennially for National Census of Public Health Nurses. May be compiled and tabulated annually in some States.

Category	Possible source	Type of data	Comments
NURSE SUPPLY—Continued			
Registered nurses.	State boards of nursing.	Licensure data on records, tabulated or in report form; number of nurses licensed, employment status, place of residence.	May include data from standard ANA inventory questionnaire on age, field of practice, position, educational preparation, for all years or National Inventory years 1949, 1951, 1956-58, 1962, 1966, and 1972.
NURSING EDUCATION:			
Continuing education.	State or constituent league for nursing.	Extent and types of workshops, conferences, special courses conducted in State or area, and needs.	
	State department of education, extension division.	Schools, location, courses, cost.	
	Nonprofit health and professional associations, such as hospital association, heart association, and tuberculosis association.	Courses offered, attendance, and needs.	
Financial need and support.	Medical society auxiliaries.	Number, kinds, and amounts of awards; number of requests and need for financial assistance.	
	Service clubs and civic organizations.	Same as above.	
	Individual schools of nursing.	Same as above, including scholarships and loans from Federal program sources distributed by schools.	
Nurse faculty.	State board of nursing.	Number employed full- and part-time, by school and type of program, level of educational preparation, and number of budgeted vacancies.	Survey of schools may be required to obtain these data.
Scholarships and loans for nursing education.	State or constituent league for nursing and State nurses' association.	Sources and availability, eligibility requirements, and obligations; demand, utilization, and needs for financial assistance.	
	Health career councils.	Same as above.	

Category	Possible source	Type of data	Comments
	State board of nursing.	State-sponsored nursing scholarships, availability, eligibility, awards, and employment and payment records.	
Schools of nursing and programs of nursing education.	State board of nursing.	Name and location of schools approved or accredited by the Board, type and level of educational program, length of programs, clinical facilities.	Should have information on new programs and schools and transitional arrangements in planning stage; also closed schools and programs and reasons for closing.
	State or constituent leagues for nursing.	Name, location, and admission requirements of schools; type and length of programs; tuition and fees; and national accreditation status.	Maintains and updates list for recruitment program purposes.
Students in nursing education programs.	State board of nursing.	Admissions, enrollments, and graduations, by type of program; attrition of students, number, and reasons.	
Various aspects of nursing education programs and students and nursing education needs.	State or constituent league for nursing.	Special survey and study data, such as educational preparation of nurse administrators, teachers, and supervisors; patterns of nursing education; student characteristics; career incentives and satisfactions.	
OTHER HEALTH MANPOWER:			
Demand for.	State employment service or department of employment security, State boards of education, vocational education, or public instruction, and State hospital association or other professional organizations.	Surveys conducted as basis for planning service, training, or education programs, on number of health personnel employed full time and part time, by occupational title, budgeted vacancies, replacement, expansion, and turnover needs for one or more health fields.	
Technical and professional personnel employed in all health agencies and institutions and their educational services.	Regional Medical Programs.	May have projects for compiling inventories for the program area or data from special surveys, including number employed full-time and part-	

Category	Possible source	Type of data	Comments
OTHER HEALTH MANPOWER—Continued			
		time, position, and other characteristics.	
Technical and professional personnel employed in all health fields.	Professional associations such as medical society, dental society, physiotherapy association, podiatric association, pharmacy association.	Members of association by State. May have survey data on number licensed or registered by State, characteristics, place and type of employment.	
Technical and professional personnel employed in hospitals.	State hospital association.	May have data by category of personnel, type of position, and full-time and part-time employment, from periodic surveys of member hospitals.	May include data on demands and needs for additional personnel.
Technical and professional personnel employed in nursing homes.	State health department.	May maintain inventory of number employed full- and part-time, by category of personnel and place of employment as part of procedures for compliance with conditions of participation under medicare and medicaid programs.	
Technical and professional personnel employed in State-operated institutions and agencies.	State health department.	Number and category of personnel, type of position, full-time and part-time employment, and budgeted vacancies.	
POPULATION:			
Estimates.	State health department.	Statewide and county estimates for years between the census.	Usually estimated as of July 1 of each year.
	Bureaus or departments of business and economic development. Also research departments of State governments or State universities.	Estimates of population for State and counties for future years. May include classification by age, sex, race, and data on mobility.	
UTLIZATION OF HEALTH FACILITIES AND SERVICES:			
Hospitals, nursing homes, outpatient clinics, and State-operated institutions and agencies.	State health department. Section or division with licensing authority and responsible for planning for hospital and medical facilities and specialty	May require or request voluntary reporting and maintain data on admissions, average daily patient census, length of stay, clinic attend-	

Category	Possible source	Type of data	Comments
	departments such as mental health, mental retardation, tuberculosis.	ance, etc. Also available from annual statistical and service reports of the departments. May have data from special tabulations of service data or special studies of needs and demands for health care services.	
Old-age, survivors, disability, and health insurance beneficiaries and benefit payments.	State agency administering Social Security programs.	Annual statistical and service reports may have data from special surveys on various aspects of programs, needs for health services, and utilization by type of service.	
Public health and preventive programs such as crippled children, tuberculosis control, venereal disease, maternal and child health, school health.	State health department.	Case rates by type of program and service, admissions to service, discharges, clinic and home visits or service contacts from annual statistical and service reports of the department and divisions or bureaus of the department. May have special tabulations or survey data.	
UTILIZATION OF NURSING PERSONNEL:			
Hospitals.	Individual hospitals, hospital association, or professional nursing organizations.	Information regarding and data from nursing activity studies, patient classification studies, or other special studies conducted in individual hospitals.	
	State hospital association.	Periodic survey data for member hospitals on nursing hours per patient per day, number of nursing personnel per 100 beds, ratios of professional to technical to auxiliary nursing personnel.	May be raw data on questionnaire forms or be tabulated. Content of survey may differ for each period conducted.

Category	Possible source	Type of data	Comments
UTILIZATION OF NURSING PERSONNEL—Continued			
Private practice.	Hospital registries, private registries, and registries approved by State nurses' associations.	On service records, service reports, or special reports on calls received and disposition of calls for each category of nurse registrant. May include information on source of calls, type of nursing service requested, needs for service, and trends in the use of nurses in private practice.	

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